



16TH ANNUAL FACT BOOK 2009

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**Every**

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**Kid Counts**

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in the District of Columbia

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**The D.C. KIDS COUNT Collaborative for Children and Families** is a unique alliance of public and private organizations using research to support advocacy for change in human, social, and economic policies and practices of government, the private sector, individuals, families, neighborhoods, and communities. Its mission is to advocate for the interests and wellbeing of children and families and to ensure their healthy development and future in the District of Columbia. An organizing goal of the Collaborative is to build a strong and serious child and family support movement in the Nation's Capital.

Since the formation in 1990 of the Collaborative's predecessor organization, the Coalition for Children and Families, over 87 individuals and organizations representing a broad and diverse group of advocates, service providers, government policy makers, universities, fraternal and volunteer organizations, and local citizens have been a part of the group.

The Collaborative supports a comprehensive approach to community building, but is focusing its research and advocacy efforts on the Administration's six citywide goals for children and youth: children are ready for school; children and youth succeed in school; children and youth are healthy and practice healthy behaviors; children and youth engage in meaningful activities; children and youth live in healthy, stable, and supportive families; and all youth make a successful transition onto adulthood.

The D. C. KIDS COUNT Collaborative for Children and Families consists of:

D.C. Children's Trust Fund for the Prevention of Child Abuse  
Overall fiscal and management responsibility  
Data collection, analysis and evaluation  
Production of publications

**Partner Agencies\***

Child and Family Services Agency  
Children's National Medical Center  
D.C. Action for Children  
D.C. Children and Youth Investment Trust Corporation  
D.C. Learns  
D.C. Public Library  
D.C. Public Schools  
East River Family Strengthening Collaborative  
Mayor's Services Liaison to the Family Court  
The Urban Institute, NeighborhoodInfo DC

***For more information about our partner agencies, please visit [www.dckidscount.org](http://www.dckidscount.org).***

*\*The views and opinions expressed in this report do not necessarily reflect the official position of the partner agencies, their boards, or their funders.*

The D.C. KIDS COUNT initiative and this publication have been made possible with generous support from the Annie E. Casey Foundation. Support was also provided by Community-Based Child Abuse Prevention (CBCAP) funds, which are awarded by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Office of Child Abuse and Neglect.

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D.C. KIDS COUNT Collaborative for Children and Families.



The data and analysis in this Fact Book were prepared by Jennifer Comey, Kaitlin Franks, David Price, Michel Grosz, and Lesley Freiman of the Urban Institute's NeighborhoodInfo DC. For more information, see: [www.NeighborhoodInfoDC.org](http://www.NeighborhoodInfoDC.org) or [www.urban.org](http://www.urban.org).

# We appreciate your comments!

## Every KID COUNTS in the District of Columbia: 16th Annual Fact Book 2009 Survey

Please help us provide a high-quality Fact Book that meets your needs for information on the status of children in the District of Columbia. Complete the following User Survey and

**mail or fax it back to us at: D.C. CHILDREN'S TRUST FUND,**

**1200 G Street, NW, Suite 800, Washington, DC 20005; 202-434-8781 (fax), 202-434-8780 (phone).**

**1. Which of the following best describes your line of work?**

- ☐ Education
- ☐ Research
- ☐ Private Business
- ☐ Elected Official
- ☐ Non-Profit Organization
- ☐ Government Agency
- ☐ Media
- ☐ Other
- ☐ Health Care

**2. Which of the following best describes your job duties?**

- ☐ Administrator
- ☐ Service Provider
- ☐ Marketing/Public Relations
- ☐ Elected Official
- ☐ Researcher/Analyst
- ☐ Reporter
- ☐ Educator/Trainer
- ☐ Other

**3. How are you planning to use the 2009 Fact Book?**

*(check all that apply)*

- ☐ Research
- ☐ Program Development
- ☐ Advocacy
- ☐ Policy/Planning Development
- ☐ Grant Writing
- ☐ Articles/Public Education
- ☐ Needs Assessment/Resource Allocation
- ☐ General Information
- ☐ Other

**4. How often do you plan to use the 2009 Fact Book?**

- ☐ Daily
- ☐ Occasionally
- ☐ Weekly
- ☐ Monthly
- ☐ Once

**5. Please rate the usefulness of the following aspects of the 2009 Fact Book on a scale from 1 to 5.**

*(1=Excellent, 2=Very Good, 3=Good, 4=Fair, 5=Poor)*

*Format of the 2009 Fact Book*

1      2      3      4      5

*Selected Indicators*

1      2      3      4      5

*Ward Charts*

1      2      3      4      5

*Neighborhood Charts/Maps*

1      2      3      4      5

*Data Definitions and Sources*

1      2      3      4      5

**6. What topics or information would you like to see included in future Fact Books?**

*(Please be as specific as possible.)*

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**Thank you for your valuable feedback!**





# EVERY KID COUNTS

## in the District of Columbia

16th ANNUAL FACT BOOK 2009

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# D.C. CHILDREN'S TRUST FUND

*A Resource for Strengthening Families and Protecting Children*

Dear Colleague:

We are pleased to provide the *Every KID COUNTS in the District of Columbia, 16th Annual Fact Book, 2009*. The Fact Book is a comprehensive data source for indicators of child well-being in the District, providing up-to-date accurate data in the areas of population trends, economic security, family attachment, and community support, homeless children and families, child health, safety and personal security, education, and selected indicators by ward, neighborhood cluster, region, race, and ethnicity.

The book and data indicators are organized according to the Administration's six citywide goals for children and youth. The goal of the organization is to make it easier to see the impact of current efforts and match outcomes to the resources allocated to each goal. To our new and on-going partners and contributors, thank you for your diligent work. Due to the Collaborative's access to more numerous local resources, the data contained in this Fact Book is more comprehensive than the data presented in the *2009 National KIDS COUNT Data Book*, released in June by the Annie E. Casey Foundation. Selected data in this book, therefore, may show improvement and/or decline in some of the indicators of child well-being that were not captured in the national book.

The book tracks 38 indicators of child wellbeing. This year's findings show improvement in 15 indicators, no change in five indicators, and 18 indicators have worsened. Based on the findings, a number of our recommendations are unchanged from the 2008 recommendations. We are encouraged by the reduction in the number of children being abused and/or neglected and the number of children living in foster care, however, the level of poverty for children continues to be unacceptably high. The majority of District children live in single-headed households. These children are more likely to live in poverty. Failure to lift residents out of poverty will continue to negatively affect child wellbeing. In 2009, due to a deficit, significant cuts in funding were made for services that support fragile families. These cuts have caused the closure of agencies that provide critical services and have compromised the safety net for families. During this time of national economic crisis, more services are needed for families, not less. In addition to reducing the number of persons who are literally homeless and reducing youth violence, we continue to call on the District to provide increased job training and placement for residents and offer respite care services for single-headed households to reduce stress and prevent families from going into crisis.

Despite the Mayor's efforts to reengineer the public school system (DCPS) for better outcomes, there was a decrease in the combined math and reading scores on the SAT. Students need a more rigorous academic preparation along with mentoring and encouragement. Zero-based tolerance policies in schools must end. The District must also improve high school graduation rates. To prepare children to succeed in school, early child learning programs must be supported.

Companion publications for this report will include a comparison of child wellbeing data by race and ethnicity and booklets that summarize data for each ward in the City. We urge you to examine the data and recommendations, and use them to support and guide your efforts to enhance the conditions for children and families in the community and in their homes

To obtain copies of the Fact Book, please visit our D.C. KIDS COUNT website at [www.dckidscount.org](http://www.dckidscount.org). The entire contents of the Fact Book, as well as other KIDS COUNT related information, are available on our website. This data is also available on the National KIDS COUNT Database and a new local database is under development. For training on how to access and utilize the data on the national database or our new database, please contact us.

If you are interested in joining the D.C. KIDS COUNT Collaborative, please call the Trust Fund at (202) 434-8751 or write [dckidscount@gmail.com](mailto:dckidscount@gmail.com).

Sincerely,

Kinaya C. Sokoya, Executive Director  
DC Children's Trust Fund



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## Washington, D.C.'s "Report Card" for 2009

The District's Report Card, inaugurated in 2000, is meant to provide a quick snapshot of the changes shown by several key indicators for the year, rather than a complete summary of the situation. Before reaching any conclusions based on information contained in the Report Card, readers are advised to consult the full text.

The Report Card shows the most recent year for which we have data on each indicator and whether that indicator has increased, decreased, or stayed the same from the previous reported year. Additional columns indicate whether the

change was for the better, for the worse, or has remained the same. For some indicators, like employed residents of the District, an increase will generally be a change for the better. In other cases, such as share of mothers receiving inadequate care, it will be a change for the worse. For a few indicators, such as children receiving food stamps, a decrease will usually indicate an improving situation, with more children and their families rising out of poverty. But a decrease might also mean that some children and families are not getting the economic assistance they may need.





# Washington, D.C.'s "Report Card" for 2009

## Changes Since 2008 Fact Book on Indices of Children's Well-Being

Indicator (Year of Latest Data in Parentheses)	Increased (+), Decreased (-), or Same (=)	Changed for the Better	Changed for the Worse	No Change
<b>Children Are Ready for School</b>				
3+DTP Vaccination Rate (2008)	-		X	
Preschool and Pre-Kindergarten Enrollment (2008–09)	+	X		
<b>Children and Youth Succeed in School</b>				
Overall Public School Enrollment (2008–09)	-		X	
DCPS Student Enrollment (2008–09)	-		X	
Public Charter Student Enrollment (2008–09)	+	X		
Combined Math/Reading Scores on SAT (2009)	-		X	
<b>Children and Youth Are Healthy and Practice Healthy Behaviors</b>				
Percent of Mothers with Adequate Prenatal Care (2007)	=			X
Percent of Low-Birth Weight Infants (2007)	-	X		
Infant Mortality Rate (2006)	-	X		
Number of Child and Youth 0-24 Deaths (2006)	-	X		
<b>Children and Youth Engage in Meaningful Activities</b>				
Formal Petitions Against Juveniles (2009)				
Total	+		X	
Acts Against Persons	+		X	
Acts Against Public Order	+		X	
Drug Law Violations	+		X	
Acts Against Property	-	X		
Violent Deaths to Youth 15-19 (2006)	-	X		
<b>Children and Youth Live in Healthy, Stable, and Supportive Families</b>				
Child Population (2008)**	-			X
New Births (2007)	+	X		
Number of Jobs (2008)	+	X		
Employed Residents (2008)	+	X		
Single Motherhood (2008/2009)* **	+			X
Unemployment Rate (2008)	+		X	
Children living in families where no parent has full-time, year-round employment (2007)	-	X		
Poverty Rate - Overall (2008/2009)* **	-			X
Poverty Rate - Children (2008/2009)* **	-			X
Children Applied and Eligible for Federal Assistance (2009)				
TANF	+		X	
Medicaid/SCHIP	+		X	
SNAP	+		X	
Children Served by Subsidized Child Care (2009)				
DCPS After Care for All	-		X	
Office of Early Childhood Education	-		X	
Homelessness in the District (2009)				
Literally homeless	+		X	
Permanently-supportive housing	+	X		
Percent of Births to Single Mothers (2007)	+		X	
Percent of Births to Teenage Mothers (2007)	+		X	
Substantiated Cases of Child Abuse and Neglect (2008)	-	X		
Number of Children and Youth in Foster Care (2009)	-	X		
Civil Protection Orders Against Domestic Violence Adjudicated in Superior Court (2008)	+		X	
<b>All Youth Make a Successful Transition to Adulthood</b>				
Violent Deaths to Young Adults 20-24 (2006)	-	X		

\*CPS derived measure is a weighted average of 2008 and 2009

\*\* Changed by only one person or one case; by no more than one point or one percent; or the change was not greater than the designated confidence interval.

## II.

### The 16th Annual Every KID COUNTS in the District of Columbia Fact Book

## 2009 RECOMMENDATIONS & STRATEGIES

The 2009 recommendations and strategies were developed based on a review of the 2008 recommendations and research completed by the D.C. KIDS COUNT Collaborative partner agencies. We strongly believe that concerted joint efforts can make these recommendations a reality for the betterment of children, youth, and families in the District of Columbia.

The Collaborative recommends that the following strategies be incorporated in all services offered:

- ◆ Service provided should be culturally competent and linguistically accessible;
- ◆ Offer services and programs for families that foster parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

### I. Children are Ready for School

- ◆ Restore funding for early learning programs
- ◆ Continue to support and provide Universal Pre-K for all children in the District of Columbia.

### II. Children and Youth Succeed in School

- ◆ Increase high school graduation rates;

- ◆ Increase the standardized test scores of students in reading and math;
- ◆ Provide supports to decrease the achievement gap;
- ◆ Provide mentoring and counseling on the college admissions process to students to increase the number who are admitted to college;
- ◆ Require schools to develop engagement strategies to increase parent involvement;
- ◆ Conduct research on the various educational achievement factors utilized in the Public Charter School System and implement/duplicate these successful factors in the DCPS.

### III. Children and Youth are Healthy and Practice Healthy Behaviors

- ◆ Develop strategies to increase the immunization rate in children of the District;
- ◆ Provide nurse-home visitation to every first time, low income teen mother to reduce maltreatment and decrease subsequent teen pregnancies;
- ◆ Expand the Carrera-Children's Aid Society adolescent pregnancy prevention model to all Washington, DC middle schools, which focuses on the belief that

success in school, meaningful employment, access to quality medical and health services, and interactions with high caliber, role model adults, have a potent contraceptive effect on teens;

- ◆ Offer in-school pregnancy tests and negative pregnancy test counseling;
- ◆ Expand availability of adolescent friendly health services, including reproductive health, to all teens in DC;
- ◆ Enhance public education on sexually transmitted diseases and HIV/AIDS;
- ◆ Establish physical education, nutrition, and developing healthy relationships classes in public schools;
- ◆ Increase health education around diabetes treatment, heart disease, and asthma in low income communities;
- ◆ Increase substance abuse treatment programs for adolescents and parents.

### IV. Children and Youth Engage in Meaningful Activities

- ◆ Expand nonviolent conflict resolution education programs;

- ◆ Enhance neighborhood safety to enable children and youth to use neighborhood playgrounds without fear;
- ◆ Increase the opportunity for youth to have college preparedness and meaningful work experiences.

## **V. Children and Youth Live in Healthy, Stable, and Supportive Families**

- ◆ Expand literacy and parenting programs within targeted communities of the city
- ◆ Establish a multi-disciplinary team of scholars, services providers and residents to develop a citywide social-ecological plan to prevent child abuse and neglect;
- ◆ Provide families with support to foster the five protective factors for child well-being;
- ◆ Provide focused intense service delivery and programming to communities with high incidence of child abuse and neglect in an effort to decrease or prevent incidences of abuse and neglect;
- ◆ Develop and implement a differential response system for families in crisis;
- ◆ Continue to educate the public, with increased emphasis on new immigrants and non-English speaking residents, on the child abuse and neglect laws;
- ◆ Encourage the participation and involvement of fathers in all family support programs;
- ◆ Establish and/or expand respite care services for parents of children with special needs and single heads-of-households;

- ◆ Develop a continuum of services for the unemployed and underemployed, including workforce development/job readiness, literacy, and job placement services
- ◆ Increase the number of affordable housing units for low-income families;
- ◆ Continue to provide housing with necessary case management and clinical support for persons struggling with addictions, HIV/AIDS, and mental illness.

## **VI. All Youth Make a Successful Transition to Adulthood**

- ◆ Expand life skills education and mentoring programs, including information on non-violent conflict resolution and healthy relationships;
- ◆ Create a psycho-social PINS (Persons in Need of Supervision) program to include safe houses for youth in jeopardy.

## Children Are Ready for School

**Vaccination Coverage:** The 3+ DTP vaccination rate in 2008 decreased for the first time in three years and fell below the national average.

### Vaccination Coverage: 3 or More Shots for Diptheria, Tetanus, Pertussis DC and the United States 2000 - 2008

	District of Columbia	United States
2000	90.8	94.1
2001	91.6	94.3
2002	94.2	94.9
2003	96.5	96.0
2004	98.0	95.9
2005	94.4	96.1
2006	96.5	95.8
2007	97.9	95.5
2008	92.5	96.2

Source: U.S. National Immunization Survey

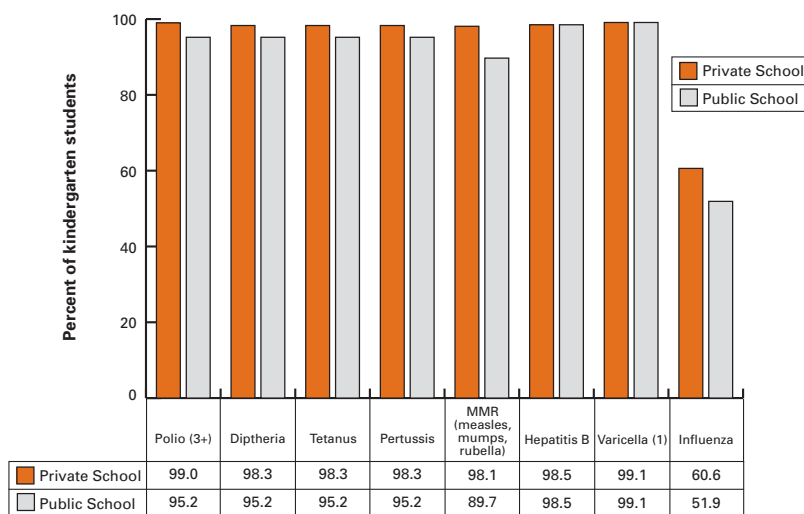
The 3+ DTP vaccination rate in the District decreased 5.4 percentage points in 2008 to 92.5 percent of District children. The 2007 District vaccination rate was the lowest share of children vaccinated since 2001, at 91.6 percent. For the first time since 2005, the District vaccination rate was lower than the average national vaccination rate, at 96.2 percent.

**Vaccination Coverage:** Public school students entering kindergarten in 2008 met the Centers for Disease Control and Prevention target for six out of the seven required vaccinations.

At the start of the 2008-09 school year, the District met the Centers for Disease Control and Prevention target of having at least 95 percent of the public school kindergarteners with the following vaccinations: poliovirus, diphtheria, tetanus, pertussis, hepatitis B, and varicella vaccines. However, the share of public school kindergarteners vaccinated with the MMR series (measles, mumps, and rubella) was lower than the CDC target at 89.7 percent. The influenza vaccination is not a mandatory vaccination, and a little more than half of the entering public school kindergarteners had received this vaccine.

The shares of vaccinations were higher for all kindergarten students entering private school as compared with public school kindergarten students.

### Share of Private-School and Public-School Kindergarten Students Starting School with Full Vaccination Coverage in the District School Year 2008-09



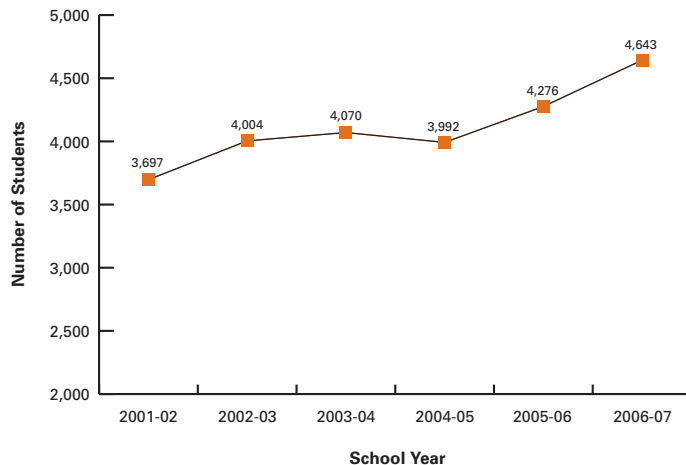
Source: CDC, School Immunization Assessment Survey



# Children Are Ready for School

**Head Start Enrollment:** Enrollment in Head Start was at its highest level of the past six years.

**Head Start and Early Head Start Enrollment  
District of Columbia**



Source: D.C. DHS, Early Care and Education  
Note: Information in this figure is identical to what was reported in the 2007 and 2008 Fact Books, since updated data were not yet available.

(Note that the information reported here is identical to the narrative in the last two Fact Books since updated data from the Early Care and Education Administration, Office of the State Superintendent of Education were not available for this report.)

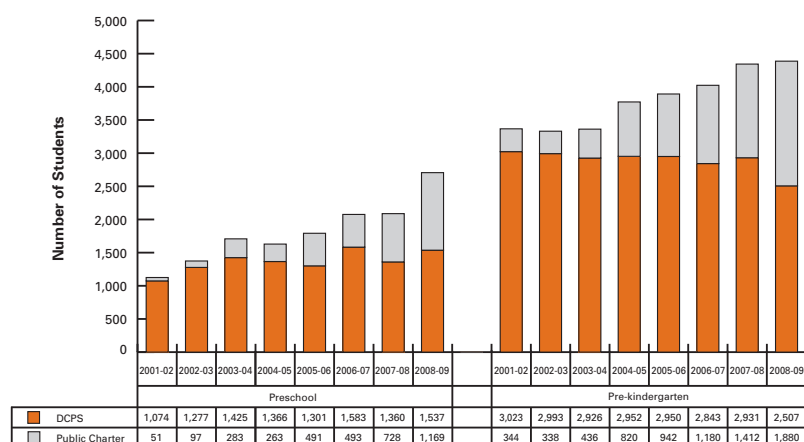
Head Start and Early Head Start enrollment reached 4,643 children in school year 2006–07, an increase of 8.6 percent over the 2005–06 school year and a total increase of 946 children, or 25.6 percent, since school year 2001–02. During the 2006–07 school year, over half the enrolled children came from families with incomes below the federal poverty level, and most children enrolled were 3 or 4 years old.

**Preschool and Pre-K Enrollment:** Enrollment in public preschool and pre-kindergarten classes has steadily increased over the past seven years.

Overall, 7,093 children were enrolled in public preschool and prekindergarten classes (both DCPS and public charter) during the 2008–09 school year. This was a 10 percent increase in total preschool and pre-kindergarten enrollment compared to the 2007–08 school year.

Compared with the previous school year (2007–08), DCPS preschool enrollment increased 13 percent and DCPS prekindergarten enrollment decreased 14 percent. Enrollment in public charter early education programs has grown dramatically over the past seven years. During the 2008–09 school year, enrollment in public charter preschool classrooms increased 61 percent from the previous school year, and enrollment in prekindergarten programs at public charter schools increased 33 percent between school years 2007–08 and 2008–09.

**Number of Children Enrolled in Preschool and Pre-kindergarten  
School Year 2001-02 – 2008-09  
District of Columbia**

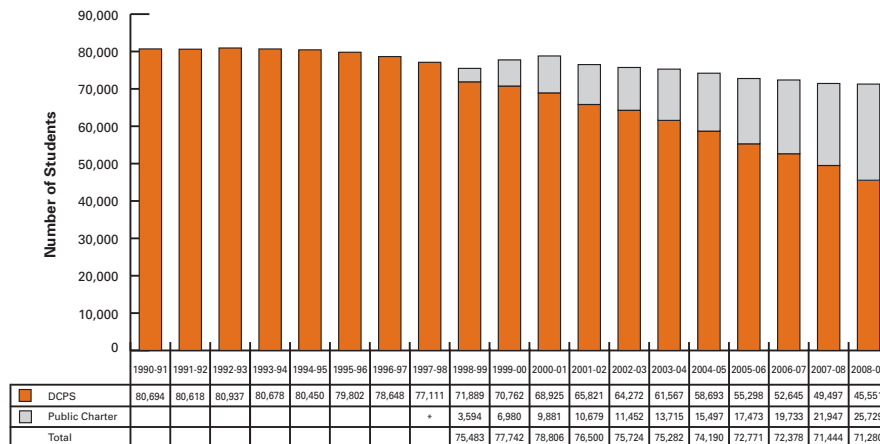


Source: Office of the State Superintendent of Education, October Audited Enrollment Data

# Children and Youth Succeed in School

**Public School Enrollment:** Overall public school enrollment held steady in the 2008-09 school year.

**Number of Public School Students Enrolled by School Type  
District of Columbia  
School Years 1990-91 - 2008-09**



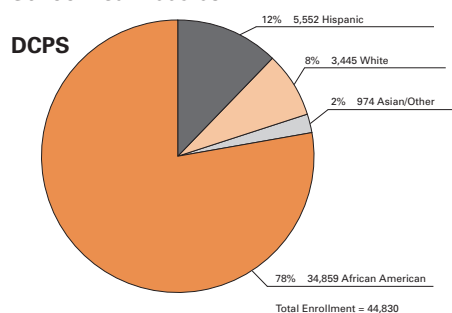
Source: School year 1990-91 from the 2000 Kids Count archives; school years 2001-02 through 2008-09 from the Office of State Superintendent of Education, October Audited Enrollment Data

\* 1997-98 public charter enrollment data not available.

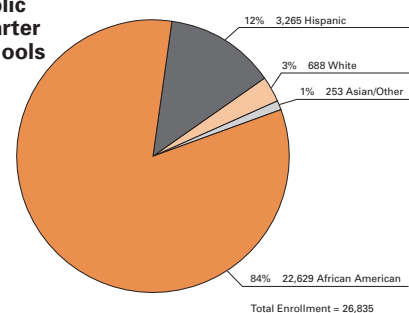
Overall, 71,280 students were enrolled in the D.C. Public Schools (DCPS) and District public charter schools during the 2008-09 school year according to the audited reports overseen by the Office of the State Superintendent of Education. The District's total public school enrollment declined by only less than 1 percent from school year 2007-08 when 71,444 students were enrolled. DCPS student enrollment continued to decline in 2008-09, decreasing by 3,946 students (or 8 percent) from the previous school year. As of the 2008-09 school year, 25,729 students were enrolled in public charter schools, an increase of 17 percent (or 3,782 students) from the previous year.

**Public School Enrollment:** Public charter schools continue to have a slightly greater share of African American and Hispanic students than DCPS schools in school year 2008-09.

**Racial/Ethnic Composition of DCPS Student Body in D.C.  
School Year 2008-09**



**Public  
Charter  
Schools**



Source: Office of the State Superintendent of Education 2008 audited report

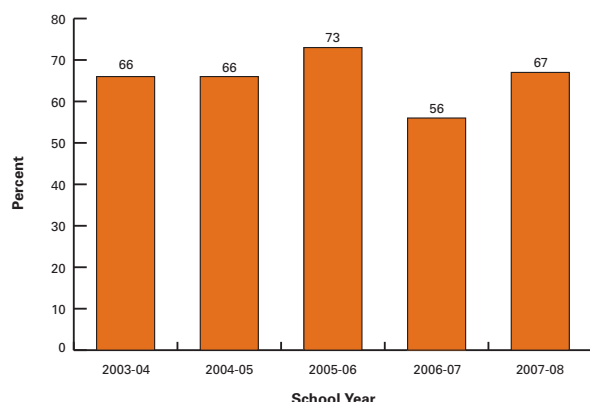
The racial breakdown of the student populations continues to be similar between DCPS and public charter schools; however, public charter schools having slightly larger shares of African American students than DCPS. In the 2008-09 school year, 84 percent of all public charter school students were African American,

compared with 78 percent of all DCPS students. The share of white public school students that attended a DCPS school was 8 percent compared with 3 percent of white students attending public charter schools in 2008-09. DCPS and public charter schools had the same share of Hispanic students at 12 percent each.

# Children and Youth Succeed in School

**Free Lunch:** The number of public school students eligible for free or reduced-price lunches increased in the 2007–08 school year.

**Percent of DCPS and DC Public Charter School Students Eligible for Free and Reduced Price Lunch School Years 2003-04 - 2007-08**



Source: Office of State Superintendent of Education  
 Note: Data are the number of children eligible in November of each school year.  
 Information in this figure is identical to what was reported in the 2008 Fact Book, since updated (2008) data were not yet available.

(Note that the information reported here is identical to what was reported in the 2008 Fact Book, since updated (2008) data were not yet available from the Office of the State Superintendent of Education.) The Office of the State Superintendent of Education tracks school feeding program eligibility for DCPS and public charter school students. As of November 2007, 67 percent of DCPS and public charter school students were eligible for free or reduced-price lunches. This was a dramatic increase of 11 percentage points from the previous year, when 56 percent of public school students were eligible for free or reduced-price lunches.

**Math and Reading Performance:** In school year 2007-08, DCPS and public charter students scored higher on the DCCAS test than the previous year.

**Percent of Public School Students Testing Proficient or Advanced in Reading & Math, Spring 2007 & 2008**

	All Public School Students		DCPS Students		Public Charter Students	
	2007	2008	2007	2008	2007	2008
<b>Reading</b>	39%	44%	36%	43%	44%	46%
<b>Math</b>	34%	42%	29%	38%	42%	45%

Note: All public school students include DCPS and public charter students.  
 2007 public charter students include Public Charter School Board (PCSB) and Board of Education students. 2008 public charter students include only PCSB students.  
 Information in this figure is identical to what was reported in the 2008 Fact Book, since updated 2008 data were not yet available.  
 Source: D.C. Public Schools and Public Charter School Board Authority

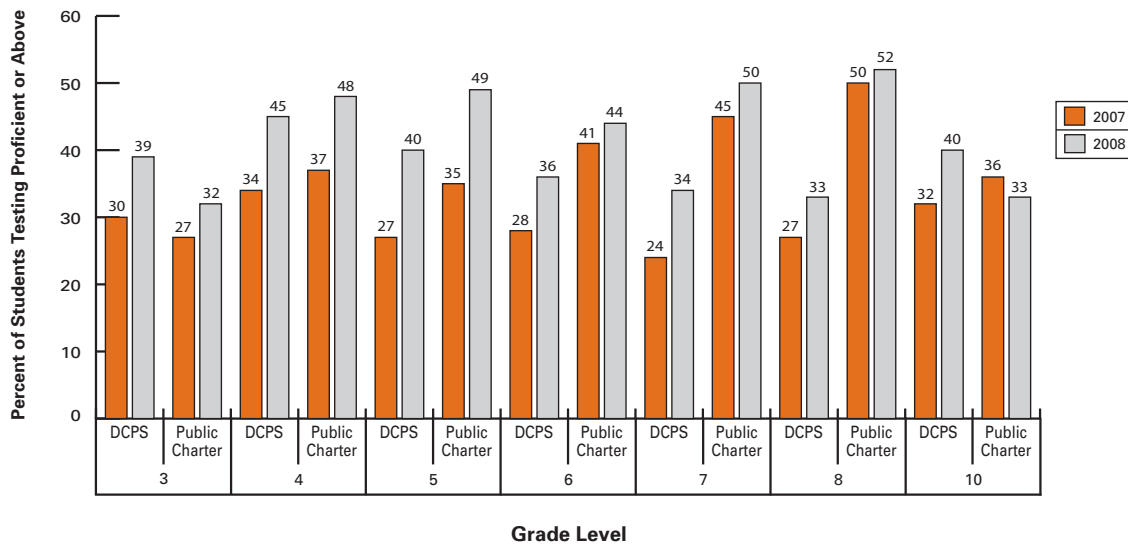
(Note that the information reported here is identical to what was reported in the 2008 Fact Book, since updated (2009) data were not yet available from the Office of the State Superintendent of Education.) On average, 44 percent of all public school students (which includes DCPS and public charter schools) tested proficient or advanced across the seven grades tested (3rd–8th and 10th) on the *reading* test in spring 2008, a 5 percentage point increase from spring 2007. Of the DCPS students tested in 2008, 43 percent of students scored proficient or above, an increase of 7 percentage points from 2007. Of the public charter students tested in 2008, 46 percent of students scored proficient or above on the reading test, an increase of 2 percentage points from 2007.

On average, 42 percent of all public school students (which includes DCPS and public charter schools) tested proficient or advanced across the seven grades (3rd–8th and 10th) on the *math* test in spring 2008, an 8 percentage point increase from spring 2007. Of the DCPS students tested in 2008, 38 percent of students scored proficient or above in math, an increase of 9 percentage points from 2007. Of the public charter students tested in 2008, 45 percent of students scored proficient or above on the math test, a 3 percentage point increase from 2007.

# Children and Youth Succeed in School

**Math Performance:** In spring 2008, students from public charter schools tested higher than their DCPS counterparts in math for five of the seven grades tested.

**Percent of Public School Students Testing Proficient or Above in Math  
Spring 2007 & 2008**



Source: D.C. Public Schools, Public Charter School Board, and Board of Education.

Note: 2007 public charter students include Public Charter School Board (PCSB) and Board of Education (BOE) students. 2008 public charter students include only PCSB students.

Information in this figure is identical to what was reported in the 2008 Fact Book, since updated (2009) data were not yet available.

(Note that the information reported here is identical to what was reported in the 2008 Fact Book, since updated (2009) data were not yet available from the Office of the State Superintendent of Education.) The percentage of students that tested proficient or above in math also varied widely across individual grade levels. As with reading scores, students from public charter schools tested higher than their DCPS counterparts in five of the seven grades tested. While the difference in these test scores varies by only a few percentage points in some grades (such as 4th), the gap between the scores of students attending PCSB schools and students attending DCPS schools is largest among 7th, and 8th graders, with a score gap of more than 16 percentage points. The smallest discrepancy in students scoring proficient or above was among 4th graders; 45 percent of DCPS

scored proficient or above, and 48 percent of public charter students achieved these score standards.

Many grade levels across the District's schools improved the percentage of students scoring proficient or above in math. All seven DCPS grades showed improvements in the share of students scoring proficient or above in math. All public charter school grades experienced increases in the percent of students scoring proficient or above in math, except for a decrease of 3 percentage points for 10th graders. The greatest improvements in the percent of students scoring proficient or above were achieved by PCSB 5th graders (an increase of 14 percentage points) and DCPS 4th graders (an increase of 11 percentage points).

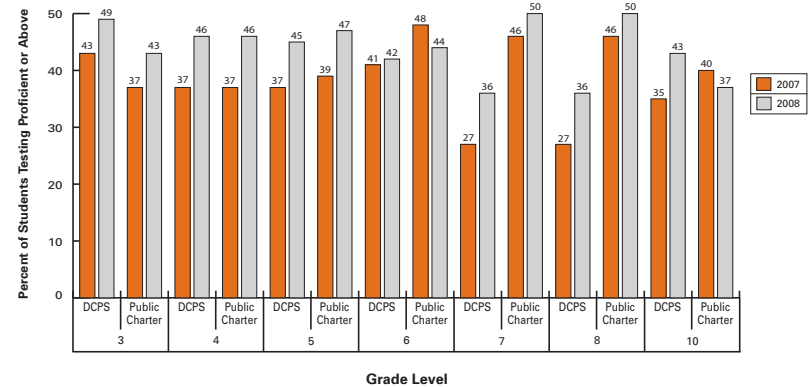


# Children and Youth Succeed in School

**Reading Performance:** In spring 2008, students from public charter schools tested higher than their DCPS counterparts in reading for four of the seven grades tested.

(Note that the information reported here is identical to what was reported in the 2008 Fact Book, since updated (2009) data were not yet available from the Office of the State Superintendent of Education.) The percentage of students that test proficient or above in reading also varies widely across individual grade levels. Students from public charter schools tested higher than their DCPS counterparts in four of the seven grades tested. While the difference in these test scores varies by only a few percentage points or not at all for the earlier grades, the gap between the scores of students attending charter schools and students attending DCPS schools in the later grades is more substantial, except for in 10th grade. For example, the share of DCPS 8th grade students scoring proficient or above in reading was 36 percent in 2008, while 50 percent of public charter 8th graders scored the same.

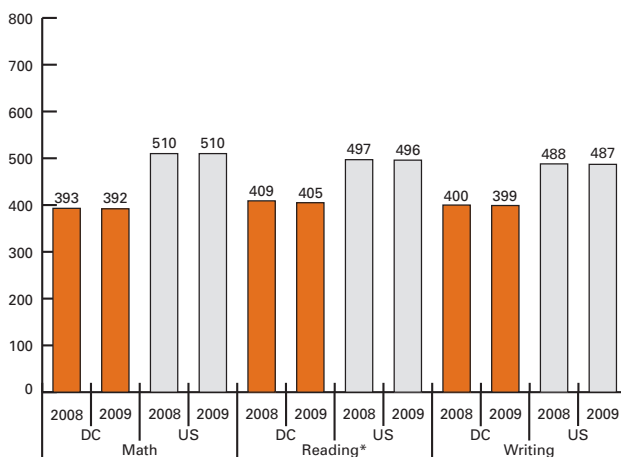
**Percent of Public School Students Testing Proficient or Above in Reading Spring 2007 & 2008**



Source: D.C. Public Schools, Public Charter School Board, and Board of Education.  
 Note: 2007 public charter students include Public Charter School Board (PCSB) and Board of Education (BOE) students. 2008 public charter students include only PCSB students.  
 Information in this figure is identical to what was reported in the 2008 Fact Book, since updated (2009) data were not yet available.

**SAT Scores:** The 2009 average SAT score of public school seniors in the District declined slightly compared with the 2008 score.

**SAT Math, Reading and Writing Scores  
 College-Bound Public School Seniors, Class of 2009  
 DC and Nation  
 2008 - 2009**



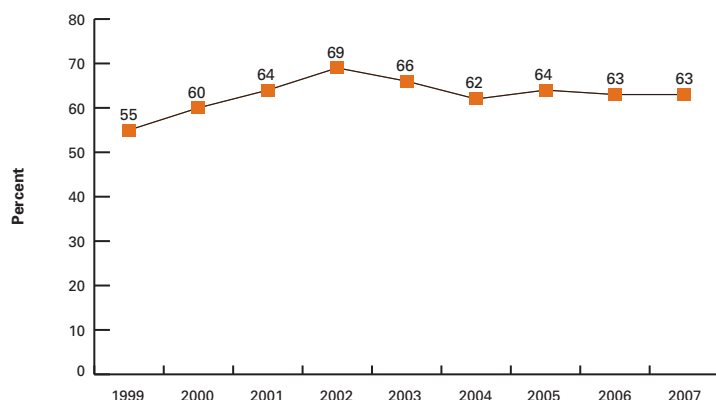
Source: The College Board, Summary Reporting Service  
 \*Formerly the Verbal Section. Renamed after the SAT revision in 2006.

College-bound seniors graduating in the class of 2009 from the District's public schools scored slightly lower on all three sections of the SAT than the District's public school of 2008. The overall District average SAT score decreased by 6 points between 2008 and 2009, from 1,202 to 1,196, respectively. This continued the decline from the previous year. The average math score dropped from 393 to 392, the average reading score dropped from 409 to 405, and the average writing score dropped from 400 to 399. Again, District scores still remained well below the national SAT scores, which averaged 1,493 for public school students nationwide. The largest disparity between the nation and the District is on the math portion of the SAT, where public school students in the District averaged 118 points below the national average of 510.

# Children and Youth Are Healthy and Practice Healthy Behaviors

**Prenatal Care:** The share of mothers who received adequate prenatal care was essentially unchanged in 2007, as was the share of the remaining mothers who received either intermediate or inadequate care.

**Percentage of Births to Mothers Receiving Adequate Prenatal Care  
District of Columbia  
1999 - 2007**



Source: D.C. Department of Health, State Center for Health Statistics Administration

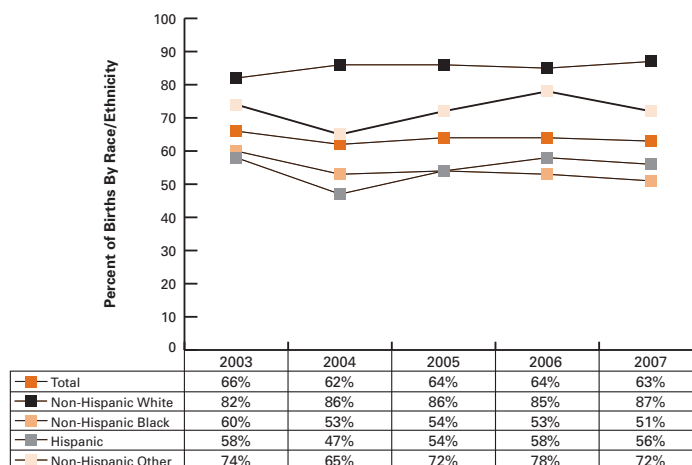
In 2007, approximately two-thirds of expectant mothers in the District received the highest measured level of prenatal care, called adequate care. The percentage of births to mothers who received adequate prenatal care in 2007 remained unchanged at 63 percent. Following a peak of 69 percent in 2002, the share of mothers who received adequate levels of prenatal care reached a low of 62 percent in 2004, from which it has since increased slightly.

The second highest level of prenatal care, called intermediate care, also stayed approximately the same between 2006 and 2007. The share of births to mothers receiving intermediate care in the District increased by 1 percentage point to 22 percent in 2007. The percent of those who received the lowest level of care, called inadequate care, was 15 percent in 2007, the same as the previous year. The 2007 share represents an increase of 5 percentage points since 2003.

**Prenatal Care:** The share of non-Hispanic black mothers who received adequate prenatal care worsened over the past two years, while the share of Hispanic mothers receiving adequate care was greater compared to 2003 or 2004.

Slightly more than half of Hispanic mothers, 56 percent, (representing 737 live births) received adequate prenatal care in 2007, a slight decrease from 2006 but a sizeable increase from 2005 and 2004. The shares of non-Hispanic black mothers receiving a similar level of care has been steadily decreasing, reaching only 51 percent in 2007 (and representing 1,979 births). White non-Hispanic mothers continue to have the highest share of mothers receiving adequate prenatal care.

**Percent of Births to Mothers Receiving Adequate Prenatal Care  
by Race/Ethnicity in DC  
2003-2007**

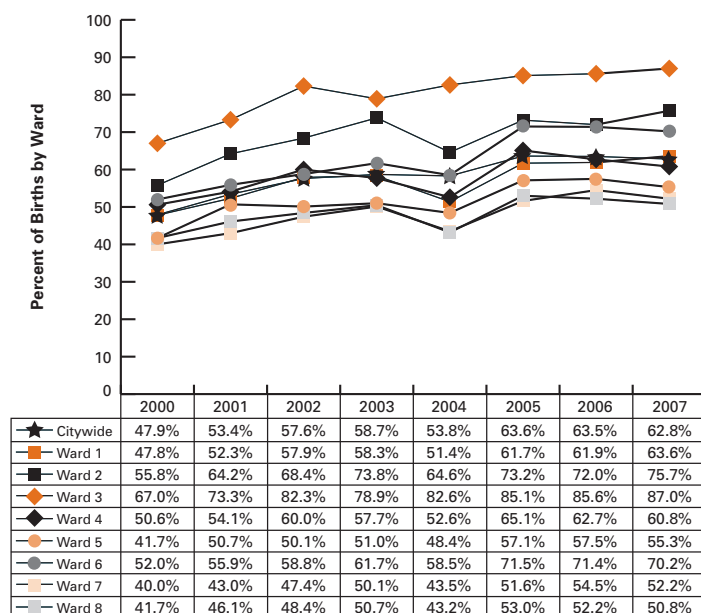


Note: There were fewer than 8 mothers receiving adequate prenatal care with an unknown race in any year. The earliest data available for race/ethnic categories is 2003.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

# Children and Youth Are Healthy and Practice Healthy Behaviors

**Prenatal Care:** Levels of adequate prenatal care have increased in every ward since 2000, but the share of mothers receiving adequate prenatal care in Wards 5, 7, and 8 continue to lag behind the other wards.

**Percent of Births to Mothers Receiving Adequate Prenatal Care by Ward in DC, 2000-2007**



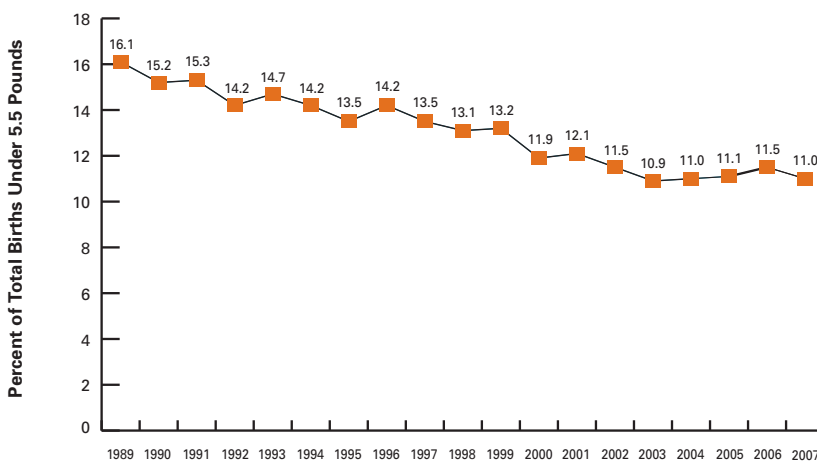
Note: There were fewer than 24 mothers receiving adequate prenatal care with unknown ward in any year.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

Ward 3 has had the largest share of mothers receiving adequate prenatal care every year since 2000. In 2007, 87 percent of all expectant mothers in Ward 3 received adequate care, representing 680 live births. On the other hand, only 51 percent of all Ward 8 expectant mothers in 2007 had the same level of care, representing 640 births. Ward 7 had the second lowest share of expectant mothers who received adequate prenatal care in 2007 at 52 percent.

## Low Birth Weight: Low-weight births remained stable in 2007.

Low-weight births, those infants born weighing 5.5 pounds or less, were 11 percent of all births in the District of Columbia in 2007. This percentage is nearly identical to those in the previous six years but follows an overall declining trend beginning in the early 1990s.

**Percent of Low-Weight Birth Infants in DC 1989-2007**

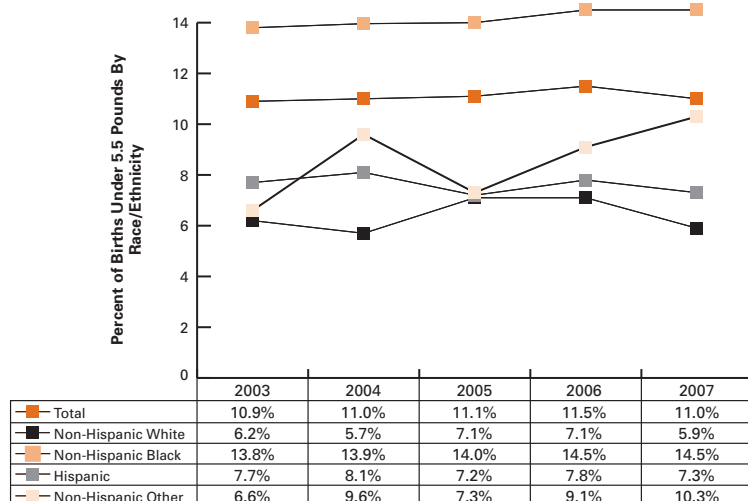


Source: D.C. Department of Health, State Center for Health Statistics Administration

# Children and Youth Are Healthy and Practice Healthy Behaviors

**Low Birth Weight:** Low-weight births continued to vary by race/ethnicity in 2007.

**Percent of Low-Weight Birth Infants by Race/Ethnicity in DC 2003-2007**



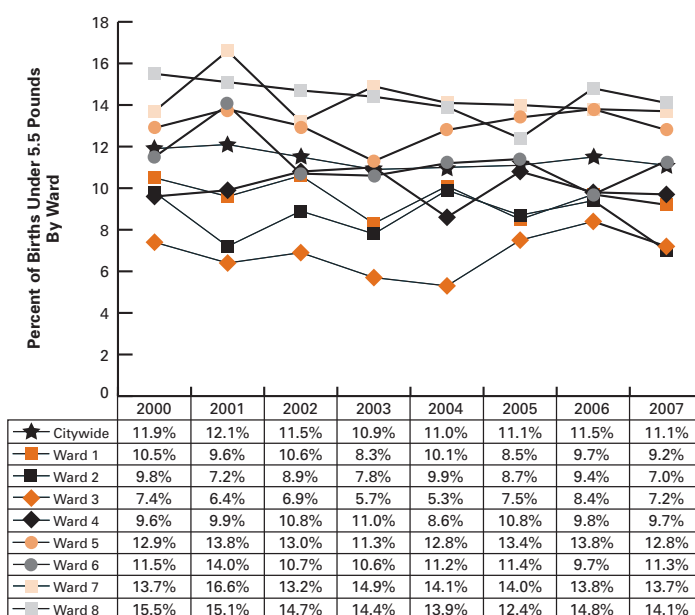
Note: There were fewer than 5 low-weight births with unknown race in any year. The earliest data available for the racial/ethnic categories is 2003.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

Non-Hispanic black mothers had a higher proportion of low-weight births than other racial and ethnic groups and it has stayed relatively steady over time: 14.5 percent of non-Hispanic black mothers (709 non-Hispanic black mothers) had low-weight births in 2007. This is more than twice as much as the 5.9 percent of non-Hispanic white mothers (131 non-Hispanic white mothers) or almost twice as much as the 7.3 percent of Hispanic mothers (108 Hispanic mothers) who had low-weight births.

**Low Birth Weight:** Ward 2 experienced the largest drop in share of low-weight births between 2006 and 2007.

Ward 2 had the lowest share of low-weight births at 7.0 percent of all live births in Ward 2 in 2007, amounting to 44 births. This represents a 25.5 percent decrease from 2006 levels. Ward 3, which had the lowest share of low-weight births from 2000 to 2006, had a slightly higher share of low-weight births than Ward 2, at 7.2 percent of all live births in Ward 3. For the second year in a row, Ward 8 had the largest share of low-weight births at 14.1 percent of all live births in Ward 8, or 218 births. Ward 7 had the second largest share of low-weight births, at 13.7 percent of all live births in Ward 7, or 165 births.

**Percent of Low-Weight Birth Infants by Ward in DC 2000-2007**



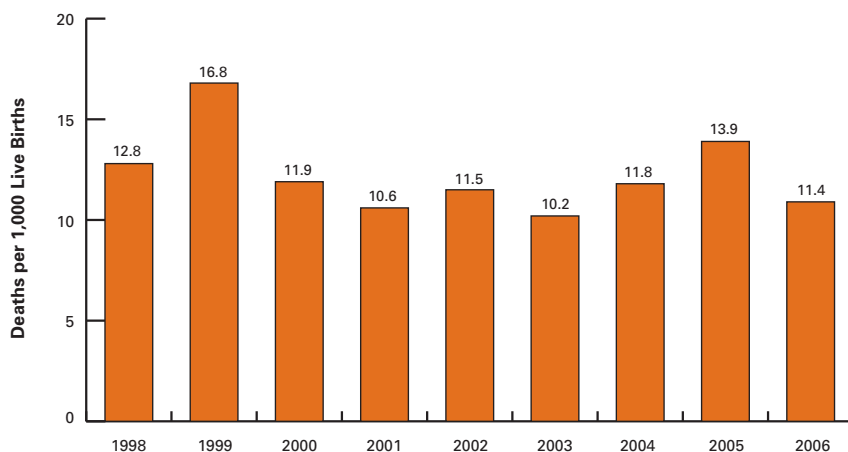
Note: There were fewer than 2 low-weight births with unknown ward in any year.  
Source: D.C. Department of Health, State Center for Health Statistics Administration



# Children and Youth Are Healthy and Practice Healthy Behaviors

**Infant Mortality:** Infant mortality decreased in 2006 for the first time after two consecutive years of increases.

**Infant Mortality Rate Under One-Year Old in DC  
1998-2006**



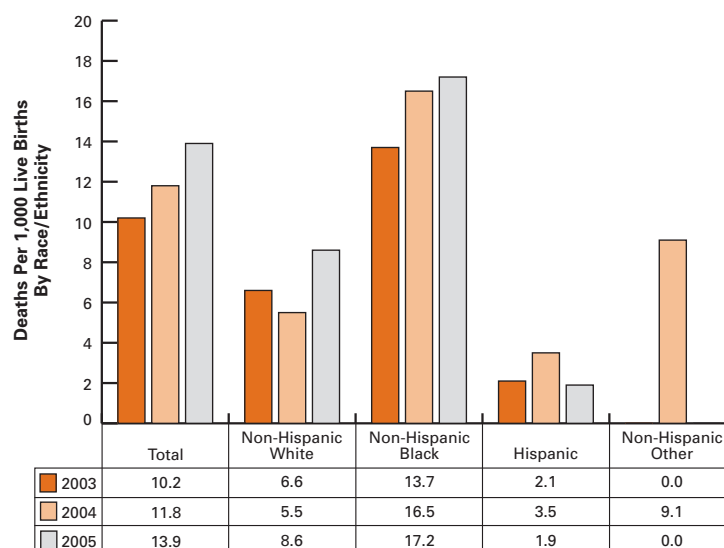
Source: D.C. Department of Health, State Center for Health Statistics

Infant mortality decreased between 2005 and 2006 reversing two consecutive years of increases. According to data from the D.C. State Center for Health Statistics Administration, deaths to infants under age 1 decreased to 11.4 deaths per 1,000 live births, down from 13.9 deaths per 1,000 births in 2005.

**Infant Mortality:** Infant mortality for non-Hispanic blacks and non-Hispanic whites increased between 2004 and 2005, while the infant mortality rate decreased for Hispanics during the same time period.

Infant mortality rates remained the highest for non-Hispanic blacks at 17.2 deaths per 1,000 live births in 2005. This is an increase from 16.5 deaths per 1,000 live births from 2004. The infant mortality rate for non-Hispanic whites also increased from 2004 to 8.6 deaths per 1,000 live births in 2005 from 5.5 deaths per 1,000 live births in 2004. After increasing from 2003 to 2004, the infant mortality rate for Hispanics decreased in 2005 to 1.9 deaths per 1,000 live births.

**Infant Mortality Rate Under One Year Old in DC by Race/Ethnicity  
2003-2005**

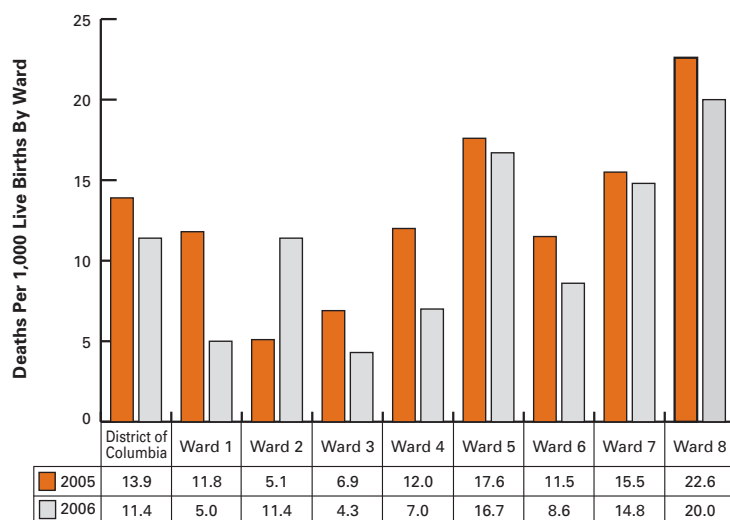


Note: There were 11 or fewer deaths with unknown race in any year. Data do not include 2006 infant mortality cases because of a discrepancy in the coding of Hispanic cases.  
Source: D.C. Department of Health, State Center for Health Statistics

# Children and Youth Are Healthy and Practice Healthy Behaviors

**Infant Mortality:** Infant mortality decreased in seven out of eight wards between 2005 and 2006.

**Infant Mortality Rate Under One Year Old in DC by Ward  
2005-2006**



Source: D.C. Department of Health, State Center for Health Statistics

Infant mortality decreased in every ward but Ward 2 between 2005 and 2006.

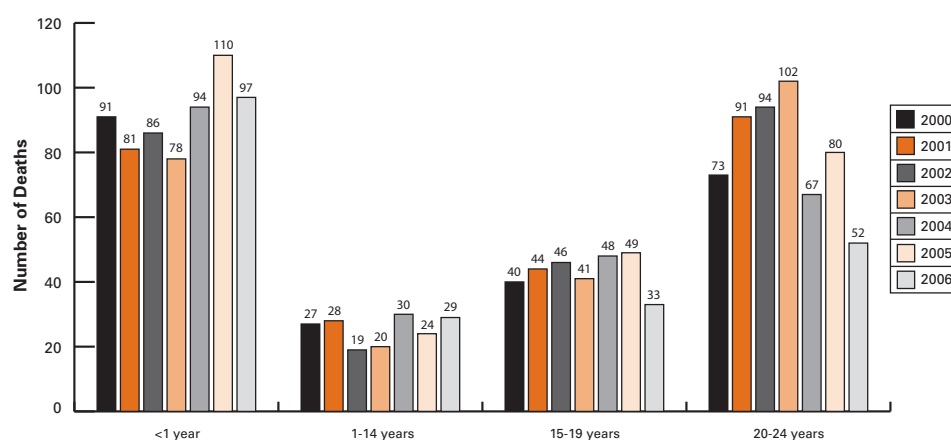
The wards with the two greatest decreases were Ward 1, with a 6.8 point decrease, and Ward 4, with a 5.0 point decrease. Infant mortality increased in Ward 2 by 6.3 points between 2005 and 2006.

Ward 8 has the greatest concentration of infant mortality out of all eight wards: 20 infants died in this ward per 1,000 live births in 2006. In Ward 3, only 4.3 infants died per 1,000 live births, while in Ward 1, 5.0 infants died per 1,000 live births.

**Child Deaths:** The number of children and youth deaths fell by 15 percent between 2005 and 2006 and were at the lowest level since 2000.

There were 52 fewer cases of children and youth deaths (age 0 to 24) in 2006 compared with 2005, a decrease of 15 percent. There were 211 deaths to children and youth age 0 to 24 years in 2006 compared with 263 deaths in 2005. Every age category experienced a decrease in the number of deaths between 2005 and 2006 except for 1 to 14 year olds, where the number of cases increased by 21 percent or 5 cases. The number of teenager and youth deaths (age 15 to 19 and age 20 to 24) were at the lowest level since 2000.

**Number of Child and Teen Deaths by Age Group in DC  
2000-2006**

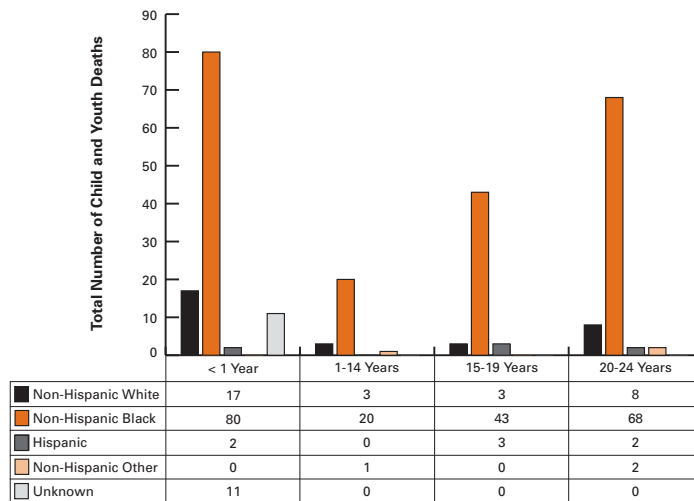


Source: D.C. Department of Health, State Center for Health Statistics

# Children and Youth Are Healthy and Practice Healthy Behaviors

**Child Deaths:** The number of deaths to non-Hispanic black children and youth was significantly greater than other race/ethnicities.

**Number of Child and Youth Deaths by Age Group by Race/Ethnicity in DC 2005**



Note: 2006 data are not currently available by race/ethnicity.

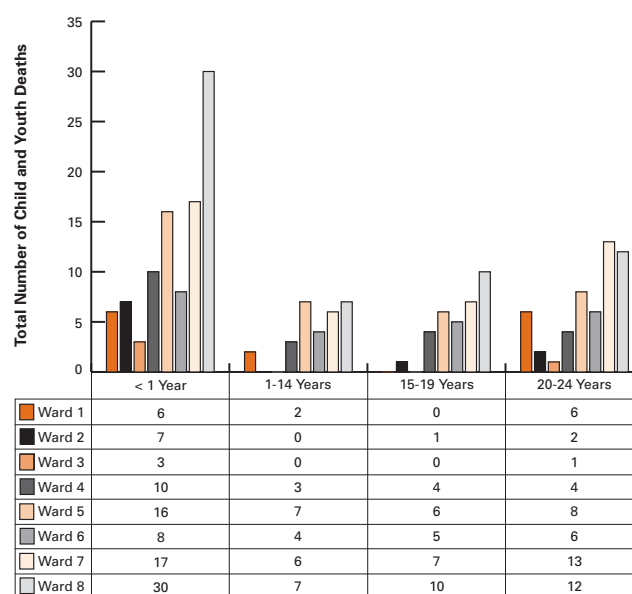
Source: D.C. Department of Health, State Center for Health Statistics Administration

The total number of deaths to non-Hispanic black children and youth (age 0 to 24) was more than 10 times greater than the number of deaths to non-Hispanic white children and youth in 2005. There were 211 deaths to non-Hispanic black children and youth compared to 31 deaths to non-Hispanic white children and youth and 7 deaths to Hispanic children and youth. While there are significant discrepancies across all age categories, the greatest differences across race/ethnic categories occurred in the deaths to infants under age one (the number of non-Hispanic black infant deaths as four times higher than the number of non-Hispanic white infant deaths) and the deaths to youth age 20 to 24 (the number of non-Hispanic black youth deaths were eight times higher than non-Hispanic white youth deaths).

**Child Deaths:** The number of children and youth deaths, age 0 to 24, decreased between 2005 and 2006 in every ward except for Wards 2 and 7.

Ward 8 continued to have the highest number of deaths to children and youth in 2006. There were 59 deaths to children and youth age 0 to 24 years in Ward 8, and 51 percent of those deaths occurred to infants under the age of one. However, the total number of deaths to children and youth in Ward 8 decreased by 22 percent between 2005 and 2006. The number of deaths to children and youth in Ward 7 increased to 43 deaths in 2006, an increase of three deaths since 2005. The number of deaths to children and youth in Wards 1 and 3 decreased by half from 2005 to 2006 to 14 deaths in Ward 1 (from 27 deaths) and 4 deaths in Ward 3 (from eight deaths).

**Number of Child and Youth Deaths by Age Group by Ward in DC 2006**

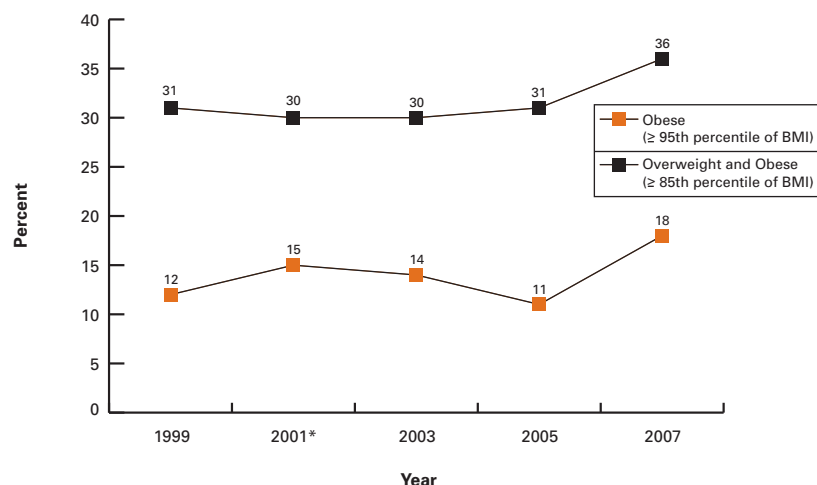


Source: D.C. Department of Health, State Center for Health Statistics

# Children and Youth Are Healthy and Practice Healthy Behaviors

**Overweight and Obese:** The share of obese public high school students in the District rose significantly between 2005 and 2007, surpassing the national average for all high school students.

**Percent of Overweight and Obese High School Public Students in DC 1999-2007**



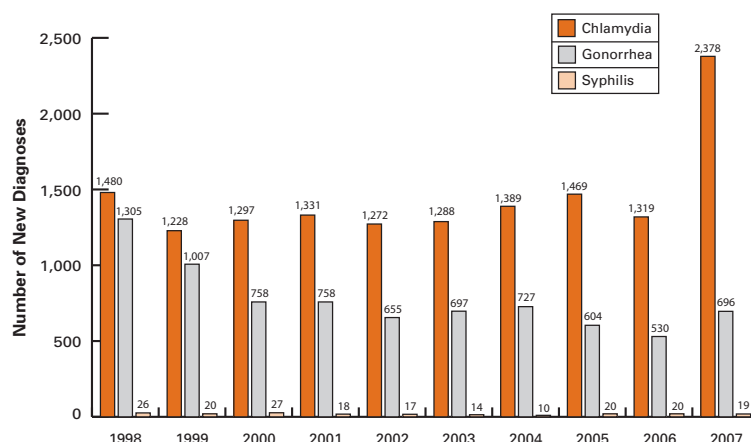
Source: Youth Risk Behavior Surveillance System  
\*2001 contains unweighted survey data.

According to the 2007 Youth Risk Behavior Surveillance System, 18 percent of students enrolled in public high schools in the District were obese, which is defined as being at or above the 95th percentile for body mass index (BMI). The 2007 District rate was 7 percentage points higher than the 2005 rate and 5 percentage points higher than the 2007 national average (13 percent). The share of public high school students who were overweight or obese (defined as having a BMI at or above the 85th percentile) also spiked from 31 percent to 36 percent.

**Sexually Transmitted Diseases:** Chlamydia and gonorrhea cases among youth under age 20 increased substantially in 2007, while syphilis cases remained constant.

(Note that the information reported here is identical to what was reported in the 2008 Fact Book, since updated (2008) data were not yet available from the Surveillance Unit of the D.C. Bureau of STD Control.) The total number of diagnosed cases of chlamydia, gonorrhea, and syphilis among youth under age 20 increased in 2007, reversing the decline that began in 2005. A total of 3,093 youth cases of these three sexually transmitted diseases were diagnosed in 2007, 1,224 more cases than in 2006, a substantial increase of 65 percent. The largest contributor to this increase was an 80 percent jump in chlamydia cases. Gonorrhea cases also increased by 31 percent. Syphilis cases among youth remained at a similar level to diagnoses in 2005 and 2006.

**Cases of Chlamydia, Gonorrhea, and Syphilis Diagnosed in People Under Age 20 in DC 1998-2007**



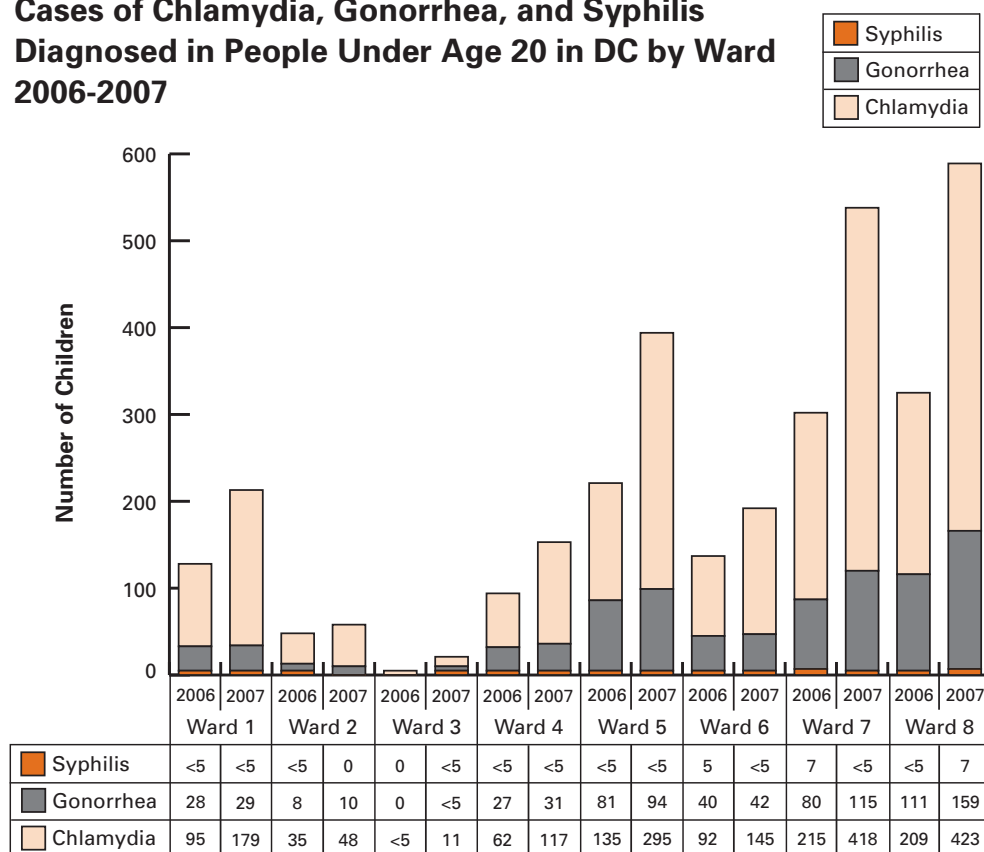
Source: D.C. Bureau of STD Control, Surveillance Unit  
Note: Information in this figure is identical to what was reported in the 2008 Fact Book, since updated (2008) data were not yet available.



# Children and Youth Are Healthy and Practice Healthy Behaviors

**Sexually Transmitted Diseases:** The number of new diagnoses of gonorrhea and chlamydia in youth under 20 increased in all wards from 2006 to 2007.

**Cases of Chlamydia, Gonorrhea, and Syphilis Diagnosed in People Under Age 20 in DC by Ward 2006-2007**



Source: D.C. Bureau of STD Control, Surveillance Unit

In Wards 3, 5, and 8 the number of new diagnoses of chlamydia more than doubled from 2006 to 2007 to 11 in Ward 3, 295 in Ward 5, and 423 in Ward 8. Ward 7 had the second highest number of new diagnoses of chlamydia after Ward 8 with 418 in 2007, an increase of 94 percent since 2006.

The numbers of new diagnoses of gonorrhea also increased, but not as much as the number of new diagnoses of chlamydia. In Wards 7 and 8, the number of new diagnoses of gonorrhea increased by around 43 percent to 115 in Ward 7 and 159 in Ward 8 in 2007.

In Ward 5, the number of new diagnoses of gonorrhea increased by 16 percent to 94 in 2007.

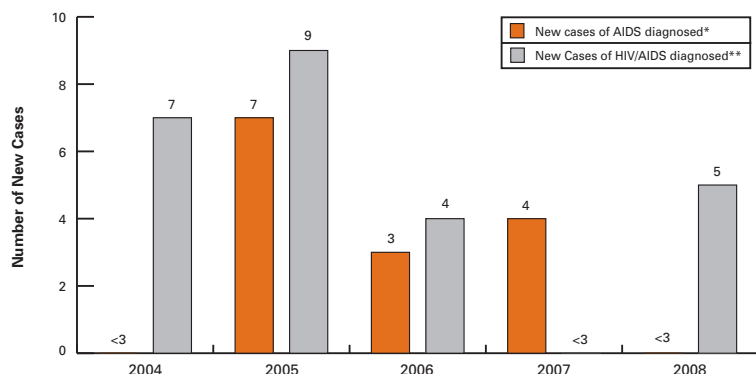
The number of new diagnoses of syphilis stayed fairly constant from 2006 to 2007. Only Ward 8 had more than 4 diagnoses of syphilis in 2007, with 7 new diagnoses. Ward 3 had no new diagnoses of syphilis.

Wards 7 and 8 had the greatest total number of the three most common sexually transmitted diseases in 2007, with 538 new cases in Ward 7 and 589 cases in Ward 8.

# Children and Youth Are Healthy and Practice Healthy Behaviors

**HIV and AIDS Cases:** The number of new HIV/AIDS cases diagnosed among children 12 and younger remained small but increased slightly, while the number of new AIDS cases diagnosed among children 12 and younger decreased.

## AIDS and HIV Cases Diagnosed Among Children 12-Years Old and Younger in DC 2004-2008



Source: Government of the District of Columbia, Department of Health, HIV/AIDS Administrations, Strategic Information Bureau

Note: Numbers not shown for years with fewer than 3 new cases.

\* The number of new cases of AIDS diagnosed represents any new case of AIDS diagnosed during this time period, regardless of HIV diagnosis date.

\*\* The number of new cases of HIV/AIDS diagnosed represents (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS, during this time period.

According to the HIV/AIDS Administration Strategic Information Bureau, there were five new HIV/AIDS diagnoses in 2008. This is higher than 2007, but it represents a drop from 2005 when the number of new diagnoses of HIV/AIDS among children age 12 and younger in the District each year was nine. The number of new AIDS diagnoses for children 12 and younger decreased in 2008 to less than three after increasing from 2006 to 2007.

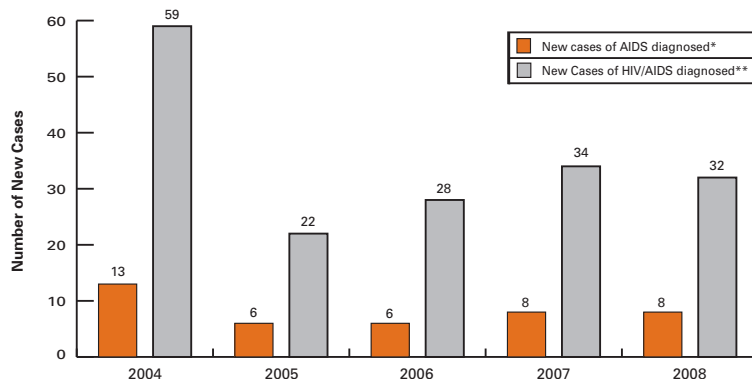
Nonetheless, the District's AIDS rate for younger children was well above the national average in 2007. The CDC reported that the AIDS rate for children age 12 and younger in the District of Columbia was 29.7 cases per 100,000 children. This represents a slight decrease from the 36.5 cases per 100,000 children observed in 2005, but it is still over 15 times higher than the national rate of 1.7 cases per 100,000 children in 2007.

**HIV and AIDS Cases:** HIV/AIDS diagnoses for District youth age 13 to 19 decreased between 2007 and 2008. New AIDS diagnoses held steady in 2008.

According to the HIV/AIDS Administration Strategic Information Bureau, there were 32 new cases of HIV/AIDS in the District among youth age 13 to 19 in 2008. This represents a decrease from the 34 new cases diagnosed in 2007, but is still above the 22 new cases diagnosed in 2005. Still, there has been a large decline in new HIV/AIDS diagnoses from 2004, when 59 youth were diagnosed with HIV/AIDS for the first time.

According to the HIV/AIDS Administration Strategic Information Bureau, eight new AIDS cases were diagnosed among youth age 13 to 19 in 2008. This is the same as 2007; however, it does represent an increase from 2006 levels.

## HIV and AIDS Cases Diagnosed Among Youth Age 13 to 19 Years Old in DC 2004-2008



Source: Government of the District of Columbia, Department of Health, HIV/AIDS Administrations, Strategic Information Bureau

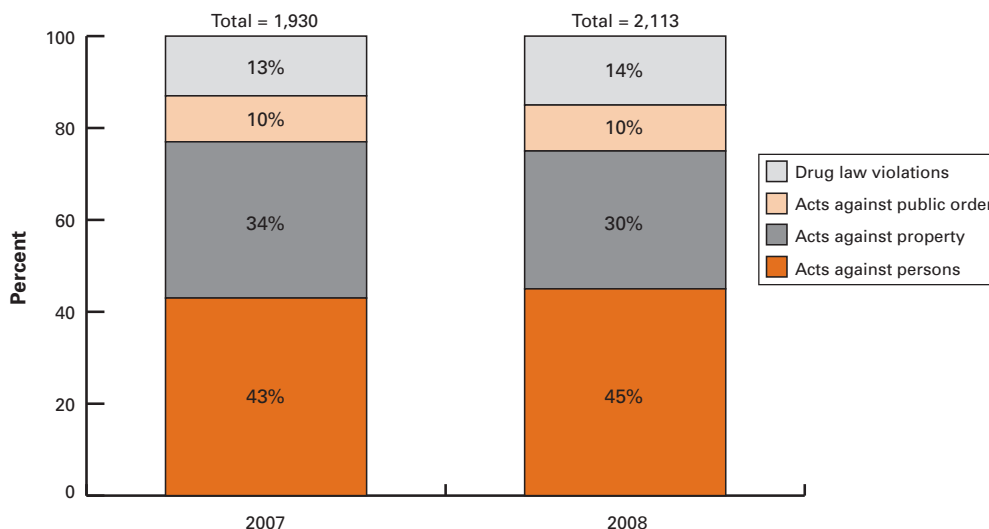
\* The number of new cases of AIDS diagnosed represents any new case of AIDS diagnosed during this time period, regardless of HIV diagnosis date.

\*\* The number of new cases of HIV/AIDS diagnosed represents (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS, during this time period.

# Children and Youth Engage in Meaningful Activities

***Petitions Against Juveniles:*** The number of juvenile cases referred to D.C. Family Court increased in 2008, continuing an upward trend that started in 2002.

## Proportion of Formal Delinquency Petitions Against Juveniles D.C. Family Court 2007-2008



Source: Family Court of the Superior Court of the District of Columbia Annual Report, 2008-2009

Note: The 2008 proportion of petitions does not add up to 100% due to rounding.

This data excludes juveniles 16 and over who were charged as adults.

In 2008, 3,499 new criminal cases (not shown in graph) were filed against juveniles under 18 years old in D.C. Family Court, a division of the D.C. Superior Court, according to the Research and Development Division of the District of Columbia Courts. The number of cases increased 12 percent from 2007. The 2008 cases constitute the largest number filed against juveniles in the District since 1997, part of a recent increase in charges filed against juveniles starting in 2002.

Nevertheless, the current number of juvenile cases is much lower than the number filed annually in the early 1990s. Between 1991 and 1994, the average number of juvenile cases was 4,592 a year. (Note that cases brought before D.C. Family Court are not necessarily committed by District residents and do not include crimes committed by District youth in other jurisdictions.)

Nearly all cases filed against juveniles in 2008 alleged delinquency (2,113 cases), while 7 percent (182 cases)

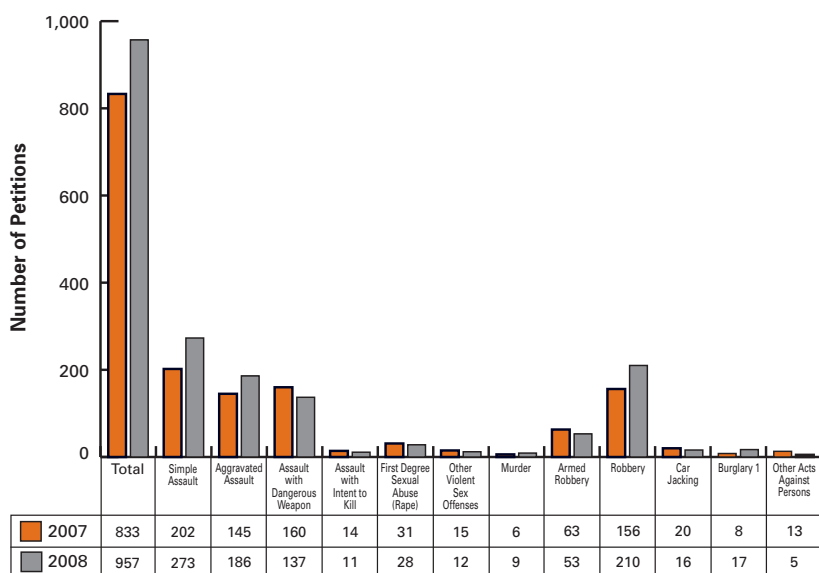
alleged violation of an interstate compact agreement or charged persons in need of supervision (PINS). Like 2007, we can only provide these breakdowns for juvenile delinquent cases formally petitioned in 2008. (For a fuller explanation of the differences between cases filed and referred against juveniles and the cases petitioned in court, readers are referred to section VII, "A Few Words about the Data.")

In 2008, 2,113 cases were formally petitioned into the D.C. Family Court. Among them, 45 percent (957 cases) represented acts against persons, 30 percent (637 cases) represented acts against property, 10 percent (219 cases) represented acts against public order, and 14 percent (300 cases) represented drug law violations. (In the past, we have reported drug law violations as part of the total number of acts against public order.)

# Children and Youth Engage in Meaningful Activities

**Petitions Against Juveniles:** In 2008, almost two-thirds of juvenile cases petitioned to D.C. Family Court for acts against persons were assault cases.

**Number of Formal Petitions Against Juveniles for Acts Against Persons  
2007-2008**



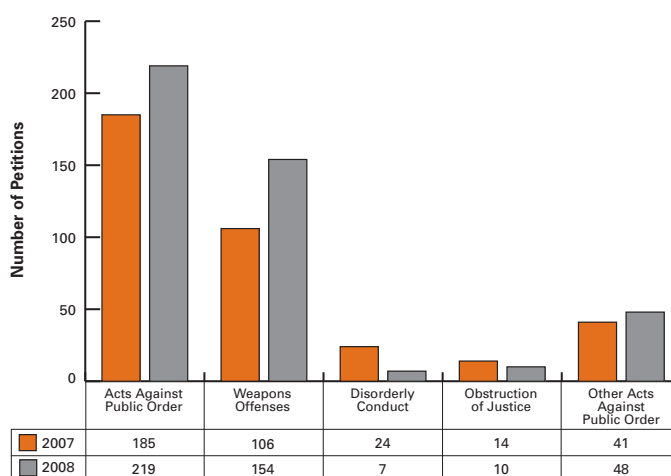
Source: Family Court of the Superior Court of the District of Columbia Annual Report, 2008-2009

In 2008, 957 formal petitions of offenses against persons were filed against youth under age 18. Assault cases (including simple assault, assault with the intent to kill, assault with a dangerous weapon, and aggravated assault) composed 63 percent of all juvenile offenses against persons petitioned in 2008 (607 cases). Charges against juveniles for robbery (by force or by threat of force or violence) made up 27 percent of cases petitioned in 2008 (or 263 cases). Sexual abuse, carjacking, homicides, burglary, and other acts against persons made up 10 percent of all juvenile offenses against persons petitioned in 2008.

**Petitions Against Juveniles:** In 2008, 70 percent of juvenile cases petitioned to D.C. Family Court for acts against public order were weapons offenses.

In 2008, 219 juvenile cases were formally petitioned to the D.C. Family Court for acts against public order, an increase of 18 percent between 2007 and 2008. Weapons offenses accounted for 70 percent of juvenile cases for acts against the public order formally petitioned in 2008 (154 petitions).

**Number of Formal Petitions Against Juveniles for Acts Against Public Order  
2007-2008**

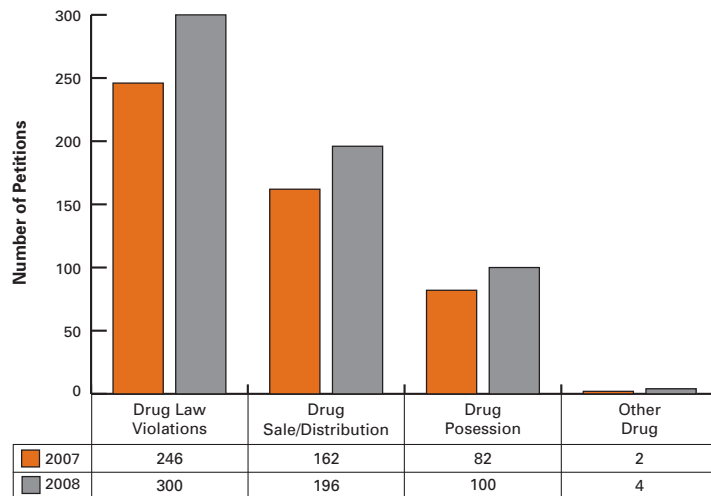


Source: Family Court of the Superior Court of the District of Columbia Annual Report, 2008-2009

# Children and Youth Engage in Meaningful Activities

**Petitions Against Juveniles:** In 2008, almost two-thirds of all juvenile drug law violations formally petitioned to D.C. Family Court were drug sale or distribution.

**Number of Formal Petitions Against Juveniles for Drug Law Violations 2007-2008**



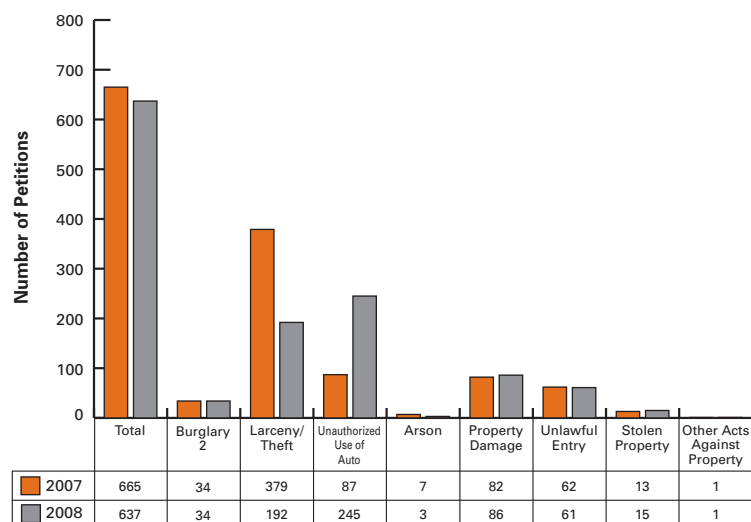
Source: Family Court of the Superior Court of the District of Columbia Annual Report, 2008-2009

In 2008, 300 juvenile cases were formally petitioned to the D.C. Family Court for drug law violations, an increase of 54 cases or a 22 percent increase. (Drug law violations had previously been categorized as acts against public order.) Among drug law violations, drug sale or distribution composed the major share of petitions in 2008 with 196 of these cases (or 65 percent of all cases). Nearly all of the other drug violations composed of possession, with 100 cases (or 33 percent of all cases) in 2008.

**Petitions Against Juveniles:** In 2008, more than one-third of the juvenile cases petitioned to D.C. Family Court for acts against property were for unauthorized use of a vehicle.

There were 637 formal petitions of alleged property crimes committed by juveniles in the District in 2008. More than a third (39 percent or 245 cases) of all property crimes in 2008 was for unauthorized use of a vehicle—that is, automobile theft or joy riding. Larceny/theft, which includes shoplifting, purse-snatching, and thefts from motor vehicles, was 30 percent of juvenile property crimes petitioned in 2008 (192 cases). Property damage (86 cases) and unlawful entry (61 cases) composed the majority of the remaining cases petitioned. Other cases were distributed among stolen property, burglary, and other unspecified offenses.

**Number of Formal Petitions Against Juveniles for Acts Against Property 2007-2008**



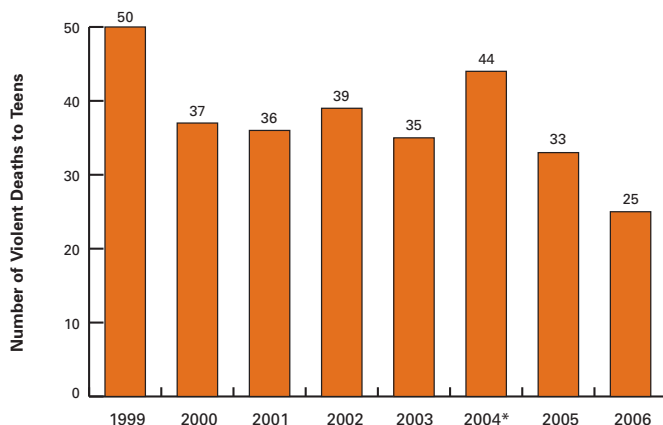
Source: Family Court of the Superior Court of the District of Columbia Annual Report, 2008-2009



# Children and Youth Engage in Meaningful Activities

**Violent Deaths:** Violent deaths to older teens fell for the second consecutive year.

**Violent Deaths to Teens Aged 15-to-19 Years Old (Accidents, Suicides and Murders) 1999-2006**



Source: D.C. Department of Health, State Center for Health Statistics Administration  
\* Data revised from previous Kids Count Fact Books.

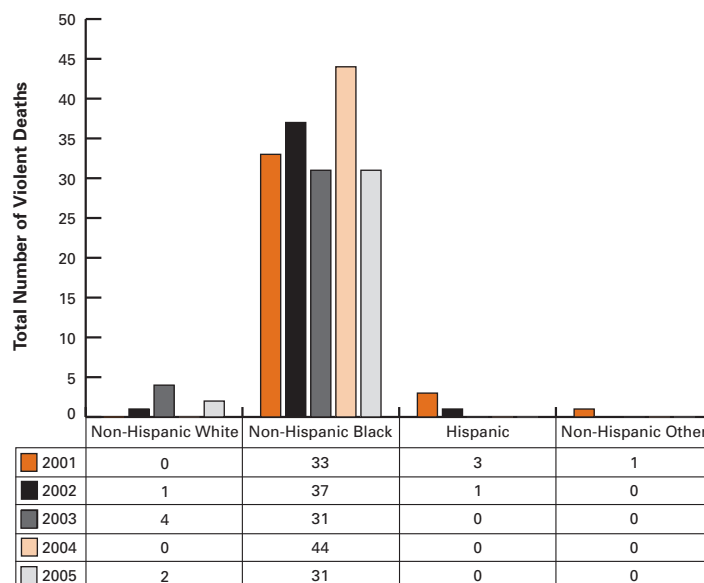
In 2004, the number of violent deaths (murders, accidents, and suicides) to teenagers age 15 to 19 was similar to the numbers in the late 1990s. However, in 2005, the number of violent deaths to teenagers fell from 44 to 33 cases, a 23 percent decrease. This number fell further to 25 cases in 2006, a decrease of 20 percent since 2005. This decline marked the lowest number of teen murders, accidents, and cases of suicides recorded in the District since 1999.

While the number of violent deaths was at a relatively low level in 2006, violent deaths made up a larger share of all deaths to this age group. In 2005, 67 percent of all deaths to older teens were violent deaths, compared with 80 percent in 2006. There was also an increase in the proportion of violent deaths that were homicides in 2006, from 80 percent of violent deaths in 2005 to 90 percent of violent deaths in 2006.

**Violent Deaths:** The number of violent deaths to teens age 15 to 19 remained highest among non-Hispanic blacks in 2005.

In 2005, the number of violent deaths to non-Hispanic blacks age 15 to 19 was 15 times greater than the number of deaths to non-Hispanic whites and Hispanics. The number of violent deaths to non-Hispanic teens decreased to 31 deaths in 2005, a decrease of 30 percent since 2004. Of these 31 violent deaths, 24 were the result of homicides. There were two violent deaths to non-Hispanic whites age 15 to 19 in 2005; one, of which, was a result of homicide. There were no violent deaths to any other racial/ethnic group.

**Violent Deaths to 15- to 19-Year Olds in DC by Race/Ethnicity (Accidents, Suicides and Murders) 2001-2005**

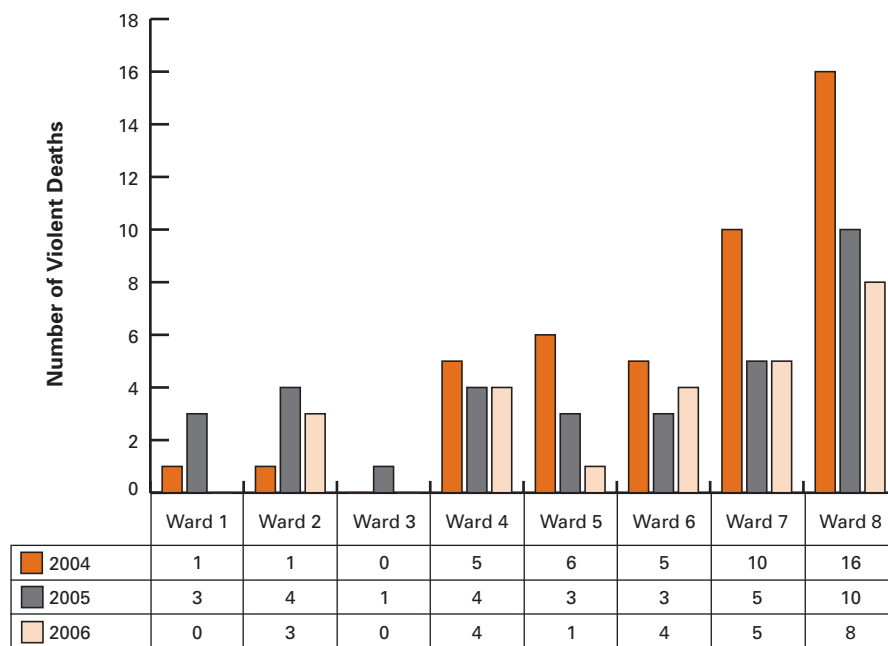


Source: D.C. Department of Health, State Center for Health Statistics Administration  
Note: 2006 vital statistics data are not currently available by race/ethnicity.

# Children and Youth Engage in Meaningful Activities

**Violent Deaths:** Ward 8 continued to have the highest number of violent deaths to teens aged 15 to 19 in 2006, although the number decreased by half since 2004.

**Violent Deaths to 15- to 19-Year Olds in DC by Ward  
2004-2006**



Note: The ward indicates where the victim lived, not where the violent death occurred.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

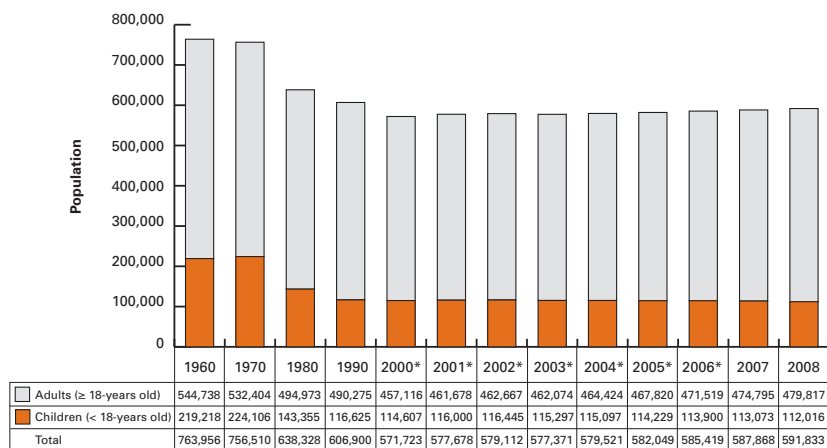
Every ward, except Ward 6, experienced a decrease in violent deaths to teens between 2005 and 2006. In Ward 8, the ward with the greatest number of teenage violent deaths, violent deaths to older teens decreased to eight deaths in 2006, a decrease of 20 percent since 2005 and a 50 percent decrease since 2004. All eight deaths were due to homicides in 2006 compared to 80 percent of all

violent deaths were homicides in 2005. Ward 7 experienced the next highest number of violent deaths to teens aged 15 to 19 with five violent deaths in 2006 (80 percent were a result of homicides). Ward 7's number of violent deaths also decreased by half compared to 2004. Wards 1 and 3 both had no violent deaths to older teens in 2006.

# Children and Youth Live in Healthy, Stable and Supportive Families

**Population of Children and Adults:** The number of children in the District decreased very slightly in 2008, continuing its downward trend from the past five years, while the population of adults has continued to increase.

**Population of Children and Adults in DC 1960-2008**



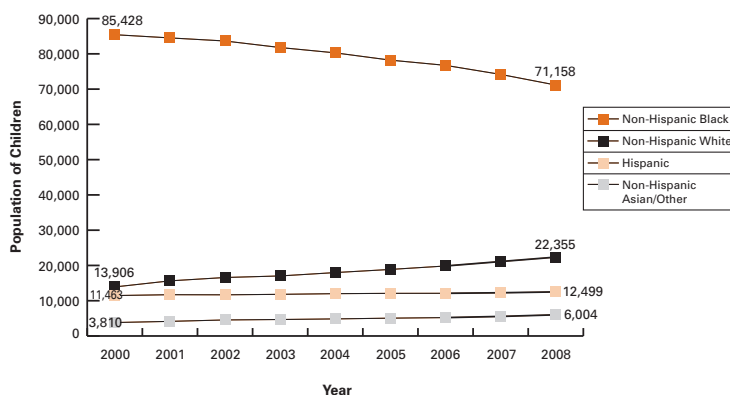
Source: U.S. Census Bureau, Decennial Census and Population Estimates Program  
\*Data revised from 2008 Kids Count Fact Book.

After declining significantly during the 1980s and 1990s, the number of children in the District has decreased slightly between 2000 and 2008. In 2008, the Census Bureau estimated that 112,016 children under 18 years old lived in the District, a 1 percent decrease from the 113,073 children estimated in 2007 and a 2 percent decrease since 2000. The number of adults increased 1 percent between 2007 and 2008, from 474,795 to 479,817. The number of adults has increased 5 percent since 2000, when 457,116 adults were living in the District.

**Population of Children:** Approximately 2 in 3 children living in the District in 2008 were black. The number of white, Hispanic, and Asian children has steadily increased between 2000 and 2008, while the number of black children has steadily decreased.

Slightly under two-thirds of the children living in the District were non-Hispanic black in 2008 (64 percent of all children under 18 years old), although the number of white children has increased and the number of black children has declined over the past eight years. According to the Census Bureau's population estimates, the number of non-Hispanic white children grew from 13,906 in 2000 to 22,355 by 2008, a 61 percent increase, while the number of non-Hispanic black children decreased from 85,428 children in 2000 to 71,158 children, a decline of 17 percent. The number of Hispanic children (regardless of race) is relatively small in the District (12,499 children in 2008), an increase of about 9 percent since 2000. The number of non-Hispanic Asian and Pacific Islander children, non-Hispanic American Indian or Alaskan Natives, and non-Hispanic children of two or more races increased 58 percent during the same period, totaling 6,004 children in 2008.

**Number of Children by Race/Ethnicity in the District 2000-2008**

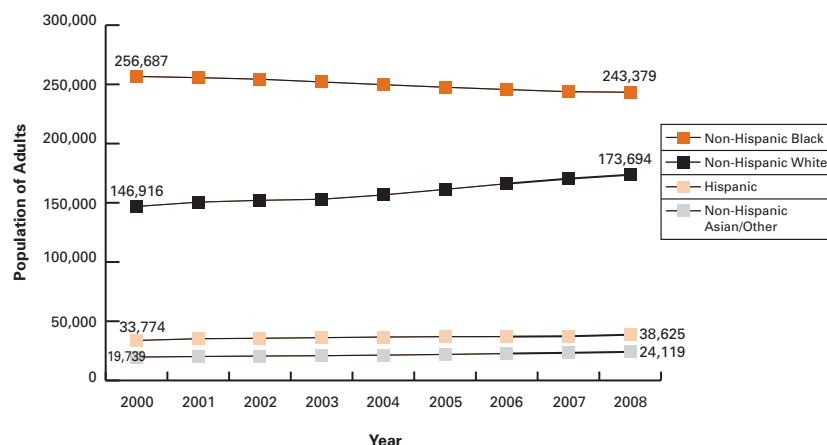


Source: Population Estimates, U.S. Census Bureau  
Note: All data updated from 2008 Kids Count Fact Book.

# Children and Youth Live in Healthy, Stable and Supportive Families

**Population of Adults:** A little more than half of the adult population living in the District in 2008 was black. The number of white, Hispanic, and Asian adults has steadily increased between 2000 and 2008.

**Number of Adults by Race/Ethnicity  
2000-2008 in the District**



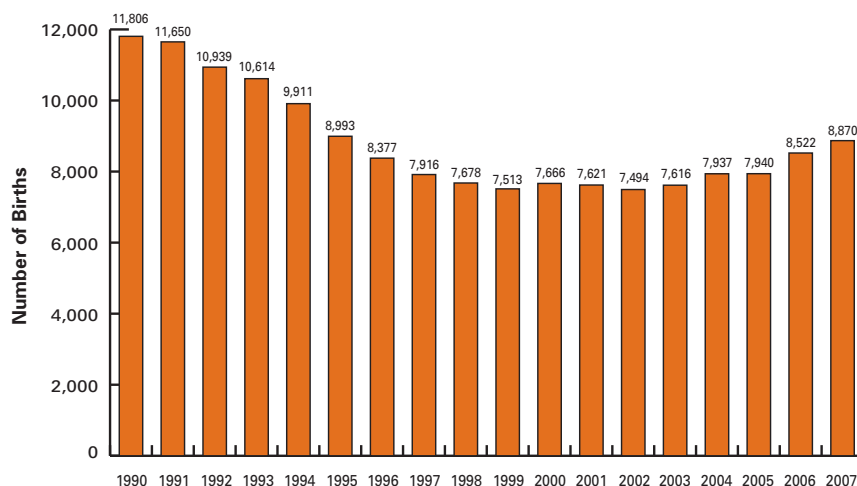
Source: Population Estimates, U.S. Census Bureau  
Note: All data updated from 2008 Kids Count Fact Book

The majority of adults living in the District were also non-Hispanic black adults, although they made up only a slight majority (51 percent) in 2008. Similar to the child trends, the number of black adults decreased 5 percent between 2000 and 2008 and the number of white adults increased 18 percent during the same period. The number of Hispanic adults was relatively small in the District, although it increased 14 percent between 2000 and 2008, and the number of non-Hispanic Asian and Pacific Islander adults, non-Hispanic American Indian or Alaskan Natives adults, and non-Hispanic adults of two or more races increased 22 percent during the same period, totaling 24,119 adults in 2008.

**Births:** The number of births in the District increased substantially between 2006 and 2007, following an even greater increase between 2005 and 2006.

The D.C. State Center for Health Statistics Administration reported 8,870 births in 2007 (the latest available data), an increase of 4 percent from the 8,522 births in 2006. The 2007 births represent the largest number of births in the District since 1995. Births fluctuated up and down slightly but generally increased between 1999 and 2007 after decreasing throughout the 1990s. Since 2000, births in the city have increased 16 percent.

**Births to DC Residents  
1990-2007**



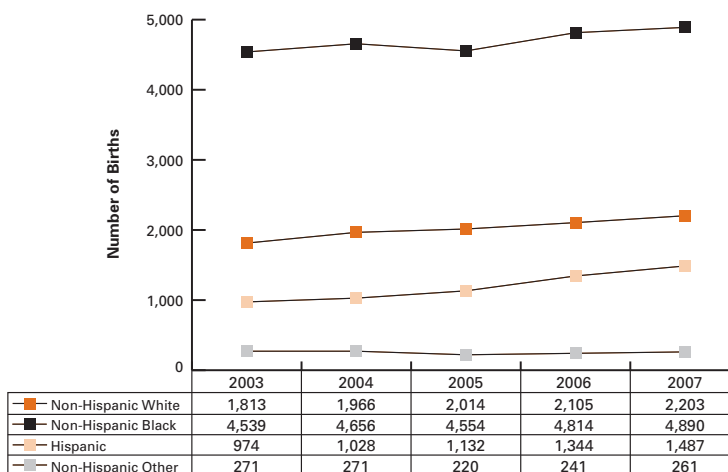
Source: D.C. Department of Health, State Center for Health Statistics Administration

# Children and Youth Live in Healthy, Stable and Supportive Families

**Births:** Births to each race/ethnicity increased between 2006 and 2007. Births to Hispanic mothers increased the most, while black mothers continued to account for over half of all births.

Births to Hispanic women increased by 11 percent in 2007 reaching 1,487 births in 2007. They represented 17 percent of all births in the city, an increase from 16 percent in 2006. There were 4,890 births to black mothers, which is more than half (55 percent) of the births in the city. This share is a decrease from the 56 percent of births to black mothers in 2006. Non-Hispanic white mothers accounted for one-quarter (25 percent) of births in the city, with 2,203 births, and births to non-Hispanic white mothers increased by 5 percent between 2006 and 2007.

**Births to DC Residents by Race/Ethnicity 2003-2007**

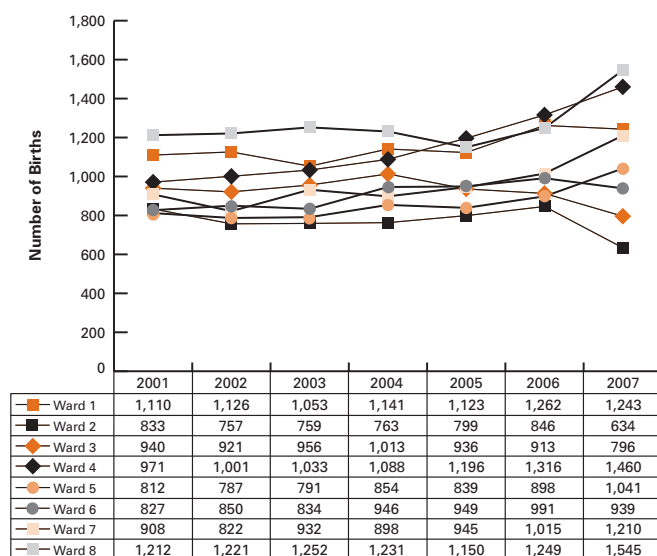


Note: There were fewer than 30 births with unknown race in any year. The earliest data available for the racial/ethnic categories is 2003.

Source: D.C. Department of Health, State Center for Health Statistics Administration

**Births:** Ward 8 had the greatest number of births in 2007 and the largest percentage change from the previous year, while Ward 2 had the fewest number of births out of all the wards.

**Births to DC Residents by Ward 2001-2007**



Note: There were fewer than 35 births with unknown ward in any year.

Source: D.C. Department of Health, State Center for Health Statistics Administration

Births were highest in Ward 8 in 2007, when 1,545 women living in the ward gave birth. Ward 4 had the second-most births in 2007, with 1,460 births. This represents at least the seventh year in a row where either Ward 8 or Ward 4 had the most births out of all wards. Ward 8 also saw the largest increase in births between 2006 and 2007 (an increase of 24 percent), followed by Ward 7 (an increase of 19 percent). At the same time, births in Ward 2 were lowest among the wards at 634. This represents a decrease of 25 percent, the largest drop among all wards.

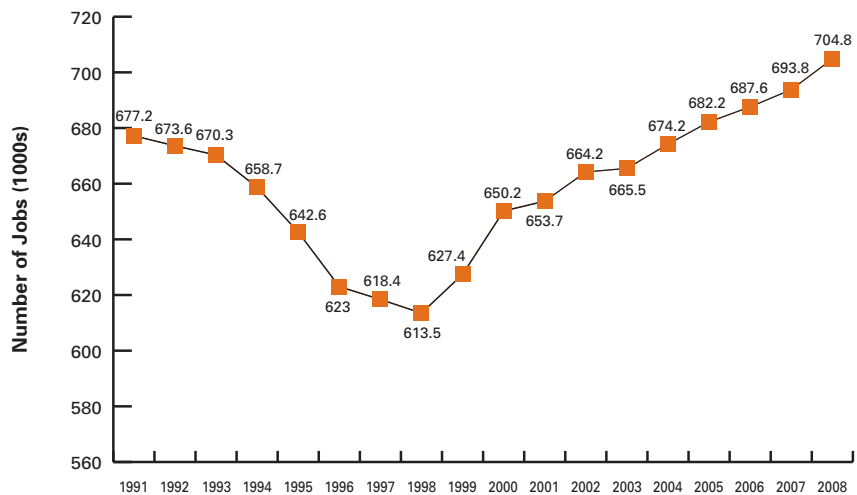


# Children and Youth Live in Healthy, Stable and Supportive Families

**Jobs:** The total number of jobs in the District of Columbia increased for the tenth year in a row.

According to Bureau of Labor Statistics, the number of jobs in the District continued to grow, reaching 704,800 in 2008 (an increase of 1.6 percent from 2007). Unlike in past years, the growth in jobs was equally fueled by an increase in private-sector and public-sector jobs. Private-sector jobs totaled 470,200, and public-sector jobs totaled 234,600 in 2008; both represent an increase of 1.6 percent over the previous year. This year represents the largest increase in government jobs since 2002. Private-sector jobs continue to outnumber government jobs two to one.

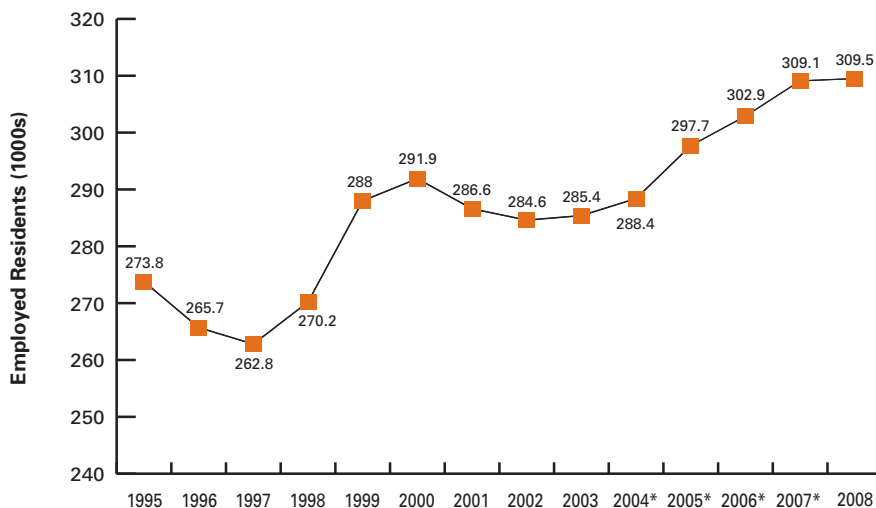
**Number of Jobs in DC  
1991-2008**



Source: U.S. Bureau of Labor Statistics

**Employed Residents:** The number of employed District residents remained constant in 2008 for the first time in six years.

**Number of Employed Residents in DC  
1995-2008**



Source: U.S. Bureau of Labor Statistics, LAUS  
\*Data Revised from 2008 Kids Count Fact Book

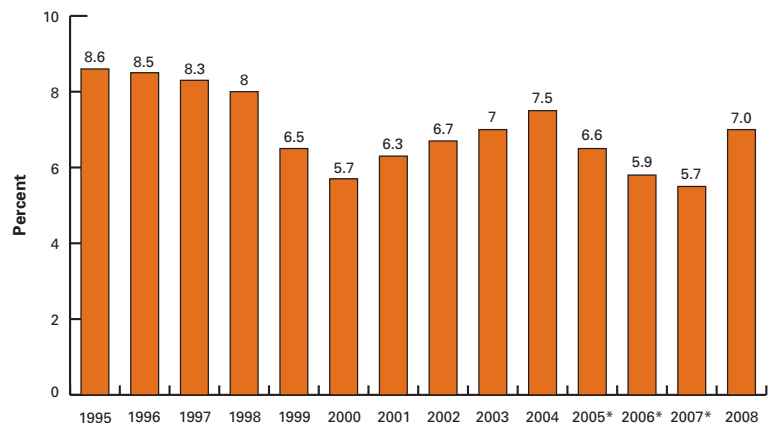
The number of employed District residents remained roughly steady in 2008 at approximately 309,500. This employment stagnation roughly mirrored trends in the region and the nation, which each kept approximately the same number of jobs in 2008 as in 2007.

# Children and Youth Live in Healthy, Stable and Supportive Families

**Unemployment:** The District's unemployment rate increased to 7 percent in 2008 after decreasing for three years in a row.

According to the U.S. Bureau of Labor Statistics, the District's estimated unemployment rate increased from 5.5 percent in 2007 to 7.0 percent in 2008 after decreasing each of the previous three years. The District's unemployment rate is still well above the national average for 2008 (5.8 percent), as well as the average for the Washington, D.C., metropolitan region (3.8 percent). More recent monthly data suggest that unemployment increased even more between 2008 and 2009. According to the D.C. Department of Employment Services, the unemployment rate in September 2009 was 11.4 percent, up 4 percentage points since September 2008.

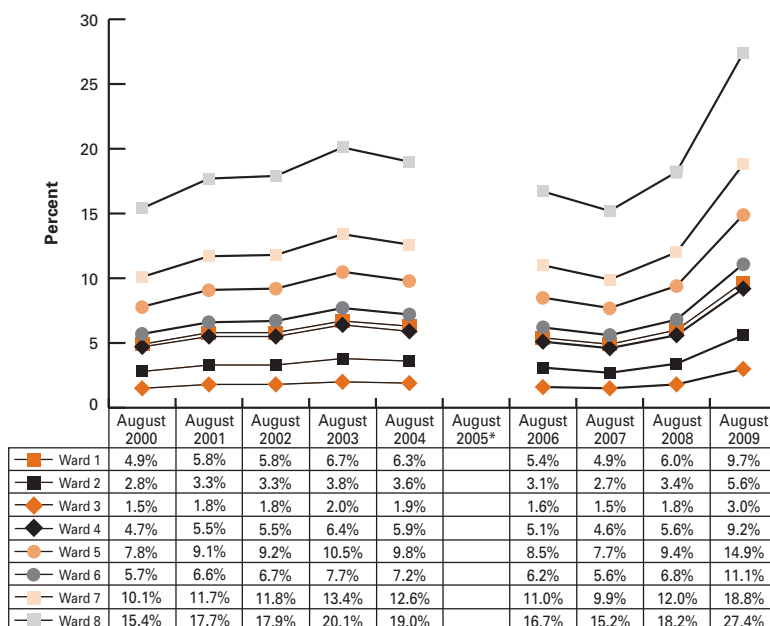
**Unemployment Rate for DC  
1995-2008**



Source: U.S. Bureau of Labor Statistics, LAUS  
\*Data revised from 2008 Kids Count Fact Book

**Unemployment:** Unemployment increased in each ward in the District between August 2008 and August 2009.

**Unemployment Rate by Ward for DC  
2000-2009**



Source: U.S. Bureau of Labor Statistics, LAUS via the DC Networks Analyzer  
\*Data are not available for 2005.

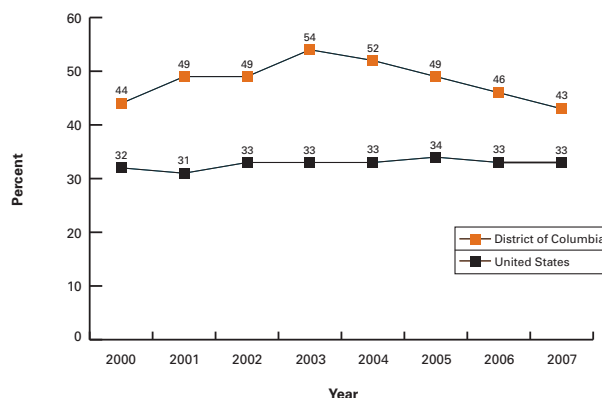
Unemployment increased in each of the wards between August 2008 and August 2009, the most recent month available. The Bureau of Labor Statistics reported that in August 2009, Ward 8's unemployment rate was 27.4 percent (the highest of all the wards) compared with Ward 3's unemployment rate of 3.0 percent (the lowest of the wards). The rate increased by as little as 1.2 percentage points in Ward 3 and by as much as 9.2 percentage points in Ward 8 in this period. The ranking of wards from least to greatest unemployment rates has been the same in every year for which we have data.

# Children and Youth Live in Healthy, Stable and Supportive Families

**Full-Time Employment:** The percent of children under age 18 living in families where no parent has full-time, year-round employment decreased for the fourth year in a row but remained higher than the national average in 2007.

Two in 5 children in the District do not live with a parent who has full-time, year-round employment. However, the percent of children under 18 living in families where no parent has full-time, year-round employment decreased from 46 percent in 2006 to 43 percent in 2007. This is the fourth year in a row that the share of children living in families where no parent has full-time, year-round employment decreased. Nonetheless, it is above the national average of 33 percent.

**Percent of Children Under 18 Living in Families Where No Parent Has Full-time, Year-round Employment 2000-2007**



Source: Population Reference Bureau using American Community Survey data

**Poverty Rates:** Child poverty in the District remained approximately the same between 2007 and 2008. Approximately one in three children continues to live in poverty, including more than two in five black children.

**Estimated Poverty Rates with Confidence Intervals in DC 2008**

	2008*
<b>Total population</b>	<b>18.1 % (±0.9)</b>
<b>Children</b>	<b>32.0 (±2.4)</b>
Non-Hispanic black children	41.1 (±3.2)
Non-Hispanic white children	7.8 (±2.9)
Hispanic children	31.5 (±6.2)
Non-Hispanic Asian, Native American, Alaskan, and mixed-race children	11.1 (±8.0)

Note: The confidence intervals or the range that the estimated rate falls in are show in the ().

\*The 2008 estimated poverty rates are averages of the 2007 and 2008 CPS estimates.

Source: March 2008 and 2009 Current Population Estimates (CPS), US Census

Approximately one-third of all children in the District live in poverty. The 2008 child poverty rate (an average of the 2007 and 2008 poverty rates from the March 2008 and March 2009 Current Population Estimates) was 32.0 percent (±2.4 percentage points) of all children under the age of 18 living in the District, or 35,909 children living below the federal poverty level. This rate was not significantly different from the poverty rate in the previous year.

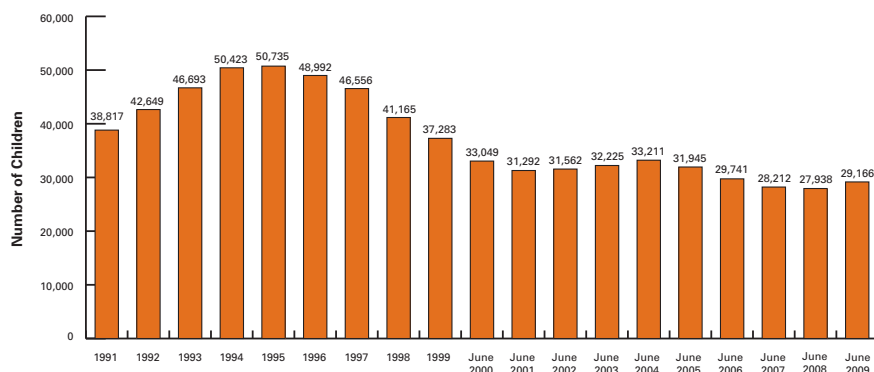
The 2008 poverty rate (an average of the 2007 and 2008 poverty rates) for non-Hispanic African American children indicates that 41.1 percent (±3.2 percentage

points) lived below the federal poverty level. Slightly fewer Hispanic children, 31.5 percent, (±6.2 percentage points) lived in poverty in 2008. In comparison, 7.8 percent (±2.9 percentage points) of non-Hispanic white children, and 11.1 percent (±8.0 percentage points) of all other non-Hispanic children (which includes Asian, Native American, Alaskan, and mixed-race children) lived below the federal poverty level in 2008. None of these rates were significantly different from those of the previous year, except the poverty rate for other non-Hispanic children. This rate increased substantially compared to 2007, although this was most likely because of the very small sample size for this group in the CPS.

# Children and Youth Live in Healthy, Stable and Supportive Families

**TANF Assistance:** The number of children in families who applied and were deemed eligible for TANF subsidies grew slightly in 2009 after four consecutive years of decline.

**Number of Children Applied for and Eligible for TANF Assistance in DC 1991-2009**



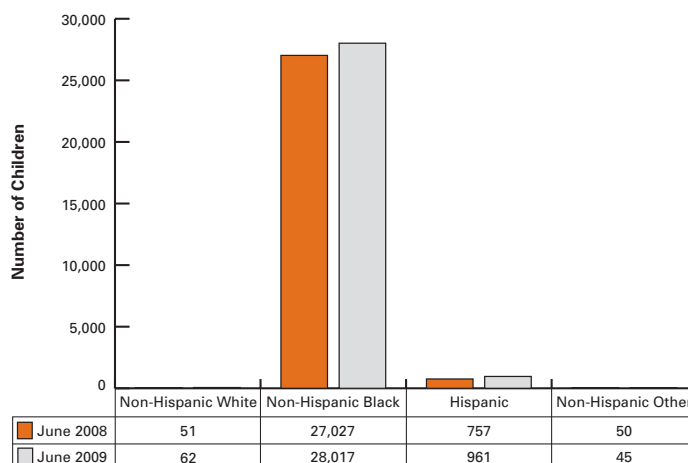
Source: Income Maintenance Administration, D.C. Department of Human Services  
Note: 1991-1999 data are the averaged annual number of children, and 2000-2009 data are the number of children eligible in June of each year.

As of June 2009, 29,166 children applied for and were deemed eligible for Temporary Aid for Needy Families (TANF) subsidies, according to the D.C. Department of Human Services, Income Maintenance Administration, which administers the TANF program. This total was an increase of 4 percent from June 2008, when 27,938 children applied for and were deemed eligible for TANF subsidies. It is the first annual increase after four consecutive years of annual decrease. The 2009 caseload is the highest level recorded since 2006.

**TANF Assistance:** In 2009, the vast majority of children in families that applied and were deemed eligible for TANF subsidies were non-Hispanic black. The number of children receiving TANF increased across all three major racial/ethnic categories between 2008 and 2009.

There were 28,017 non-Hispanic black children in families that applied and were deemed eligible for TANF subsidies in 2009. This represents 96 percent of the total number of children receiving TANF benefits and is an increase of 990 children (4 percent) since 2008. The number of Hispanic children receiving TANF benefits increased more dramatically but from a much lower base: there were 961 such Hispanic children in 2009, an increase of 204 children (27 percent) since 2008. Only 62 non-Hispanic white children were in families receiving TANF subsidies in 2009, an increase of 11 children (21 percent).

**Number of Children Applied for and Eligible for TANF Assistance by Race/Ethnicity in DC 2008-2009**

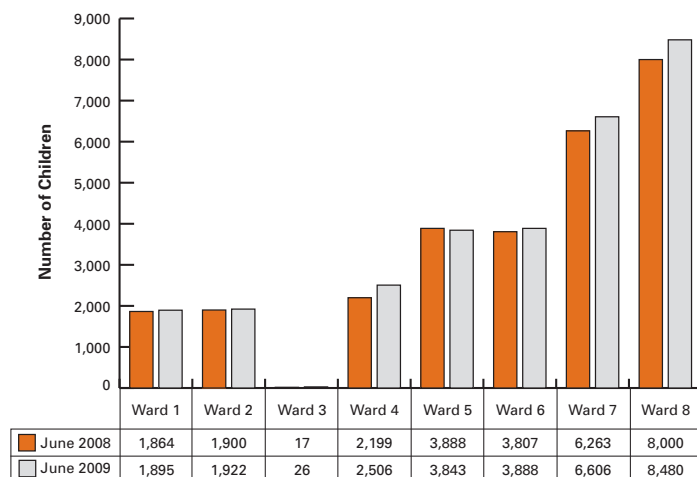


Note: Data are the number of children eligible in June of each year.  
Source: Income Maintenance Administration, D.C. Department of Human Services

# Children and Youth Live in Healthy, Stable and Supportive Families

**TANF Assistance:** More children applied and were deemed eligible for TANF subsidies in every ward except Ward 5 in 2009 compared to 2008. Ward 4 had the greatest increase of all the wards.

**Number of Children Applied for and Eligible for TANF Assistance by Ward in DC 2008-2009**



Note: Data are the number of children eligible in June of each year.  
Source: Income Maintenance Administration, D.C. Department of Human Services

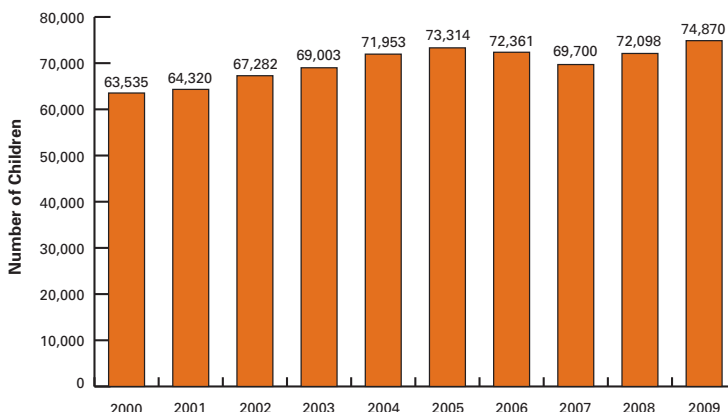
The number of children in families receiving TANF increased in every ward in 2009 relative to 2008. Ward 4 had the largest percentage increase in the number of children in families receiving TANF between 2008 and 2009 (14 percent more between the two years). Ward 3 also had a large increase; however, the total numbers are so small (26 children in 2009) that the increase is less significant. Only Ward 5 had a decrease in the number of children between the two years, a 1 percent decrease.

Ward 8 continues to have the greatest number of children applying for and deemed eligible for TANF subsidies (8,480 in June 2009). Alternatively, Ward 3 continues to have the fewest TANF applicants, only 26 in June 2009.

**Medicaid and SCHIP:** The number of children and youth who applied and were deemed eligible for Medicaid and SCHIP was at its highest level of the past nine years.

As of June 2009, 74,870 children and youth in families applied and were deemed eligible for Medicaid or SCHIP, according to the D.C. Department of Human Services, Income Maintenance Administration. This was an increase of 3.8 percent from the June 2008 level, the second consecutive year of increases. This brings Medicaid and SCHIP eligibility to its highest level since 2000 (the earliest data available).

**Number of Children and Youth who Applied for and Were Eligible for Medicaid and the State Children's Health Insurance Program (SCHIP) in DC 2000-2009**



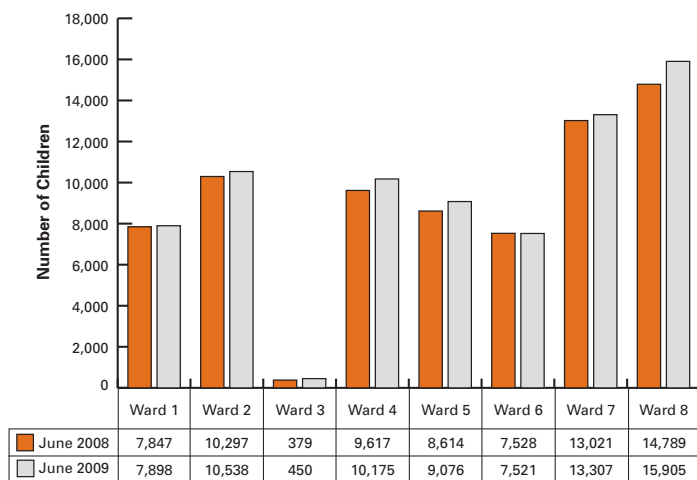
Source: Income Maintenance Administration, D.C. Department of Human Services  
Data include children and youth under age 21.



# Children and Youth Live in Healthy, Stable and Supportive Families

**Medicaid and SCHIP:** More children and youth applied and were deemed eligible for Medicaid and SCHIP in seven out of the eight wards in 2009 compared to 2008. Ward 8 had the greatest increase of all the wards.

**Number of Children Applied for and Eligible for Medicaid and State Children's Health Insurance Program (SCHIP) by Ward in DC 2008-2009**



Note: Data are the number of children eligible in June of each year. There were fewer than 10 children with unknown ward in any year.  
Source: Income Maintenance Administration, D.C. Department of Human Services

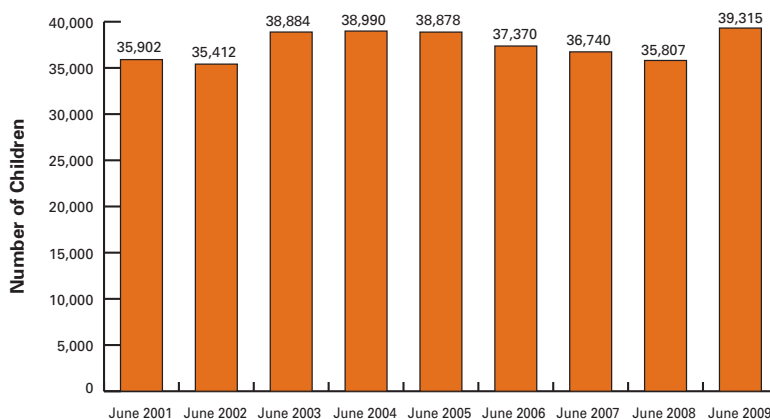
According to the D.C. Department of Human Services, Income Maintenance Administration, the number of children and youth in families receiving Medicaid and SCHIP increased in every ward in 2009 relative to 2008 except for Ward 6. Ward 8 had the greatest increase in the children and youth who applied and were deemed eligible for Medicaid or SCHIP since June 2008 (an increase in 1,116 children or 8 percent). Only Ward 6 had a decrease in the number of children and youth between the two years, less than a 1 percent decrease.

Ward 8 continues to have the greatest number of children and youth applying for and deemed eligible for Medicaid and SCHIP (15,905 children and youth, or 21 percent of such children and youth in the District, in June 2009). Ward 3 had only 450 such children and youth, making up 0.6 percent.

**SNAP Assistance:** The number of children in families who applied and were deemed eligible for the Supplemental Nutrition Assistance Program (SNAP) increased significantly between 2008 and 2009, reversing a four-year decline.

The number of children in families receiving the Supplemental Nutrition Assistance (SNAP) program (formerly called food stamps) increased substantially between June 2008 and June 2009. As of June 2009, 39,315 children in families applied and were deemed eligible for SNAP benefits, a 10 percent increase compared to June 2008, according to D.C. Department of Human Services, Income Maintenance Administration. This brings SNAP eligibility to its highest level since 2000 (the earliest data available) and reverses a previous four year decline.

**Number of Children who Applied for and Were Eligible for the Supplemental Nutrition Assistance Program (SNAP) in DC 2001-2009**

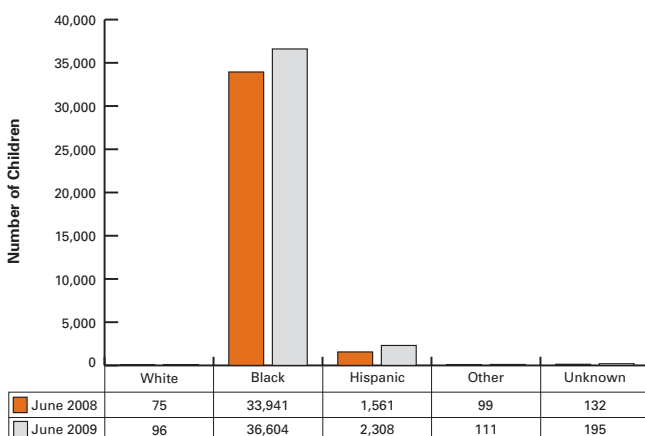


Note: 2001-2009 data are the number of children in June of each year. Until October 1, 2008, SNAP was referred to as the food stamp program.  
Source: Income Maintenance Administration, D.C. Department of Human Services

# Children and Youth Live in Healthy, Stable and Supportive Families

**SNAP Assistance:** Between 2008 and 2009, the number of Hispanic children who received Supplemental Nutrition Assistance Program (SNAP) benefits increased the most compared with all other racial/ethnic categories.

**Number of Children Applied for and Eligible for the Supplemental Nutrition Assistance Program (SNAP) by Race/Ethnicity in DC 2008-2009**



Note: Data are the number of children eligible in June of each year. Until October 1, 2008, SNAP was referred to as the food stamp program.  
Source: Income Maintenance Administration, D.C. Department of Human Services

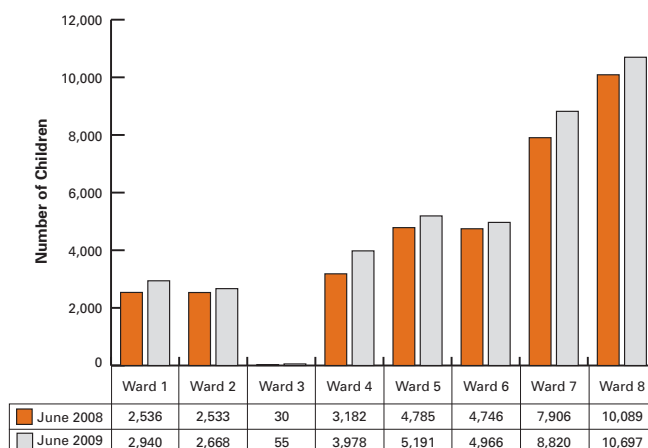
In 2009, the number of Hispanic children receiving SNAP benefits reached 2,308 children, a substantial increase of 747 children or 48 percent, compared to 2008. Hispanic children now represent almost 6 percent of total SNAP recipients, up from 4 percent in 2008. In 2009, 36,604 non-Hispanic black children received SNAP benefits (formerly call food stamps), an increase of 2,663 children (8 percent) since 2008. Non-Hispanic black children account for 93 percent of all SNAP recipients in the District. Only 96 white children received SNAP benefits in 2009.

**SNAP Assistance:** More children applied and were deemed eligible for the Supplemental Nutrition Assistance Program (SNAP) in every ward in 2009 compared to 2008. Ward 4 had the greatest meaningful increase of all the wards.

The number of children in families who applied and were deemed eligible to receive SNAP assistance (formerly called food stamps) increased in every ward in June 2009 relative to June 2008. Ward 4 had the largest percentage increase in the number of children receiving SNAP assistance between June 2008 and June 2009 (25 percent more between the two years). Ward 3 also had a large increase (83 percent); however, the total numbers were so small (55 children in June 2009) that the increase is less significant.

Ward 8 continues to have the greatest number of children applying for and deemed eligible for SNAP (10,697 children, or 27 percent of such children in the District, in June 2009). Ward 3 (55 children) represented less than 1 percent of all child SNAP assistance recipients.

**Number of Children Applied for and Eligible for the Supplemental Nutrition Assistance Program (SNAP) by Ward in DC 2008-2009**



Note: Data are the number of children in June of each year. Until October 1, 2008, SNAP was referred to as the Food Stamp program.  
Source: Income Maintenance Administration, D.C. Department of Human Services

# Children and Youth Live in Healthy, Stable and Supportive Families

**Subsidized Child Care:** The number of children served by subsidized child care through DCPS and OSSE decreased in 2009.

**Subsidized Child Care Programs in DC  
2000 - 2009**

Program Area	2000	2001	2002	2003*	2004	2005	2006	2007	2008**	2009***
<b>D.C. Public Schools After Care for All</b>										
Number of children participated	7,000	12,350	10,000	7,040	7,145	7,617	10,302	9,547	9,642	7,928
Number of school sites	56	100	130	62	61	60	84	85	88	50
<b>Office of the State Superintendent of Education, Office of Early Childhood Education</b>										
Number of children subsidized	7,653	11,451	11,947	11,396	10,001	14,060	11,854	11,816	11,862**	11,237
Number of family child care homes	112	124	140	144	124	129	146	146	152	96
Number of child development centers	216	222	235	231	228	148	209	214	222	208
Number of in-home providers	15	14	7	9	3	4	2	0	3	2
Number of relative providers	34	31	33	53	52	56	87	105	96	66
Number of children participated (out-of-school time or OST)							328	773	712**	580
Number of OST grantees							3	7	6	6
Number of children participated (home visitors/ parent-child/HIPPY programs (1-year program)									136	
<b>Total number of children subsidized</b>	<b>11,653</b>	<b>23,801</b>	<b>21,947</b>	<b>18,736</b>	<b>17,146</b>	<b>21,677</b>	<b>22,484</b>	<b>22,136</b>	<b>22,352**</b>	<b>19,745</b>

Source: DCPSAFA; DPR Summer Program; DHS/ECEA Child Care Subsidy Program and OST Grantees (FY 2000 -2007); DCPSAFA; OSSE/ECE Child Care Subsidy Program and OST Grantees (FY 2008 - 2009)

Note: \*2003 does not include summer program.

\*\*Data revised from the 2008 Kids Count Fact Book.

\*\*\* Data as of 11/18/2009.

Many poor, working families in the District of Columbia must rely on subsidized child care programs supported by the Office of the State Superintendent of Education's (OSSE) Division of Early Childhood Education (ECE). By using these services, parents can obtain extended hours of care for their children at a lower cost. The top half of the table reports the number of children served by the two main subsidized child care providers in the District. The *D.C. Public Schools After-Care for All* program provides out-of-school time programs to school-age children up to age 12 at public school sites with funding from ECE. Children attended subsidized out-of-school time programs either during after-school care in the school year or during the summer months when school is not in session. In fiscal year 2009, DCPS aftercare reported serving 7,928

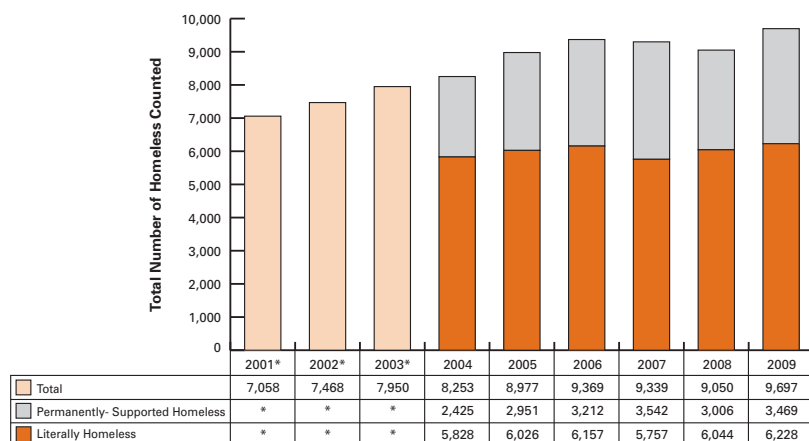
children, a decrease of 18 percent, or 1,714 children, from 2008. Corresponding with the decrease in enrollment was the decrease of participating school sites: 50 school sites hosted after-school care programs in 2009 compared with 88 sites in 2008.

The second set of subsidized child care programs in the bottom half of the table are provided by ECE. These programs help eligible families to pay for child care for children from 6 weeks through age 12 and children with disabilities through age 18. The number of children provided services by ECE through the subsidized child care program represents the total unduplicated count of children at any time during the year. The number of children subsidized by ECE fell to 11,237 children in 2009, a decrease of 5 percent compared to 2008.

# Children and Youth Live in Healthy, Stable and Supportive Families

**Homelessness:** The literally homeless population and the number of formerly homeless residing in permanently supported housing increased between 2008 and 2009.

**Snapshot of the Number of Homeless in DC  
January 2001- January 2009**



Source: Data provided by Community Partnership for the Prevention of Homelessness & Metropolitan Washington Council on Governments, The Homeless Services Planning and Coordinating Committee.

\*2001 - 2003: Literally homeless and permanently - supported breakdowns unavailable.

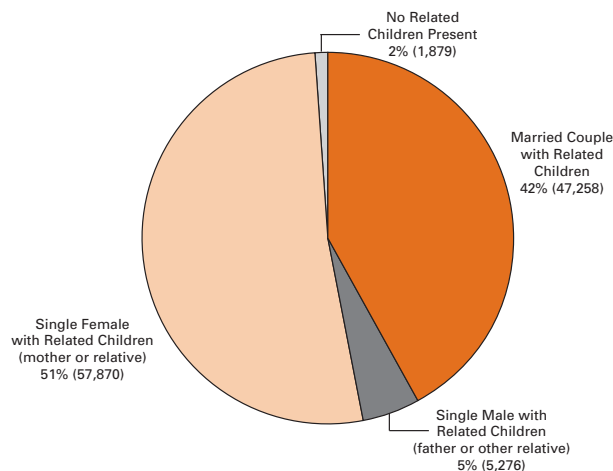
The Homeless Services Planning and Coordinating Committee (HSPCC) of the Metropolitan Washington Council of Governments reported that the number of literally homeless increased by 3 percent between January 2008 and January 2009. HSPCC reported a total of 6,228 literally homeless persons in the District in January 2009, 184 more persons than in January 2008. The January 2009 numbers were an increase of 400 people, or 7 percent, over the January 2004 numbers (the first year the literally homeless data were available).

In January 2009, 3,469 formerly homeless individuals and persons in families were residing in permanent supportive housing. This increase of 15 percent since January 2008 continued the positive trend between 2005 and 2007 after the decrease in 2008.

**Family Structure:** A little more than half of all children in the District continue to live in single-female-headed households.

Of the District's 112,283 children under age 18, 51.5 percent ( $\pm 3.6$  percentage points) lived in a family headed by a single woman related to the child in 2009 (the average of the 2008 and 2009 Current Population Survey estimates). This statistic includes children living with single mothers as well as those living in households headed by a female relative, such as a grandmother or aunt. Another 42.1 percent of children ( $\pm 3.7$  percentage points) lived in related married-couple families, and 4.7 percent of children ( $\pm 5.1$  percentage points) lived in a family headed by a single male related to the child. The remaining 1.7 percent ( $\pm 5.6$  percentage points) lived with nonrelatives, including foster care arrangements. The shares of children living in these family arrangements did not differ meaningfully from the estimates in 2008.

**Share of Children Under Age 18 by Family Type  
2009**



Source: March 2008 and 2009 Current Population Estimates (CPS), US Census

# Children and Youth Live in Healthy, Stable and Supportive Families

**Poverty:** Nearly half of all children living in households headed by single women in the District were poor in 2008.

**Estimated Poverty Rates by Household Types With Children in DC, 2008**

Households With Children Present	2008*
All households with children	32.0% ( $\pm 2.4$ )
Married couple with related children	10.9% ( $\pm 2.4$ )
Single male with related children (father or other relative)	24.4% ( $\pm 10.4$ )
Single female with related children (mother or other relative)	48.1% ( $\pm 3.6$ )
No related children present (householder and child(ren) live together but not related)	86.3% ( $\pm 15.0$ )

Note: The confidence intervals or the range that the estimated rate falls in are shown in the ().

\*The 2008 estimated poverty rates are averages of the 2008 and 2009 CPS estimates.

Source: March 2008 and 2009 Current Population Estimates (CPS), US Census

Children living in households headed by a single woman were more likely to be poor than married couple families and single-male headed families. The Current Population Survey (CPS) estimated that 48.1 percent ( $\pm 3.6$  percentage points) of children in single-female-headed households in the District lived below the federal poverty level in 2008. (This is an average of the 2007 and 2008 poverty rates from the March 2008 and March 2009 Current Population Estimates). The 2008 share is statistically lower than the 2007 estimate of 48.8 percent ( $\pm 3.5$  percentage points).

Children living in married-couple families continue to have lower poverty rates; 10.9 percent of children in these

families in the District ( $\pm 2.4$  percentage points) lived in poverty in 2008. This estimate is statistically lower than the 2007 estimate of 7.9 percent ( $\pm 2.1$  percentage points).

Children living in households where they are not related to the householder (i.e., the category “no related children present”) have a very high estimated rate of poverty, 86.3 percent ( $\pm 15.0$  percentage points) in 2008. However, there is a very small number of these households present in the District (1,621 households).

**Grandparent Caregivers:** Just over 40 percent of all grandparents who lived with their grandchildren in the District were responsible for their grandchildren’s care in 2008, and one-fifth of these grandfamilies lived below the federal poverty level.

**Grandparent Caregivers in DC, 2008**

	District of Columbia	United States
Total Over Age 30 Population	343,587	179,103,425
% of Over 30 Population Who Are Grandparents Living With Children	3.2% (11,011)	3.6% (6,432,366)
% of Grandparents Over Age 30 Living With And Responsible for Own Grandchildren	41.5% (4,571)	40.7% (2,617,580)
% of Grandparents Over Age 30 Responsible for Own Grandchildren Who Live Below Poverty Level	20.0% (915)	18.8% (492,845)

Note: The number of individuals are shown in the ().

Source: 2008 American Community Survey (ACS), US Census

According to the American Community Survey, 3.2 percent of all persons over 30 years old in the District, or 11,011 persons, were grandparents living with their grandchildren in 2008. This is just slightly lower than the national rate of 3.6 percent. Of these grandparents, 41.5 percent, or 4,571 grandparents, were directly

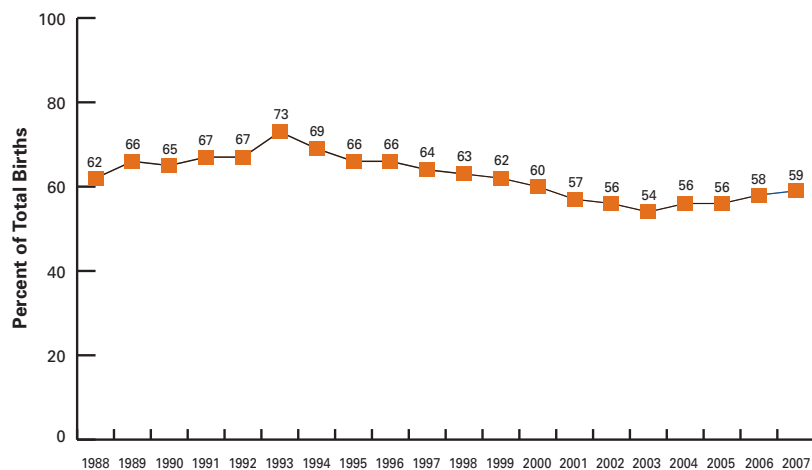
responsible for caring for their grandchildren. This was slightly higher than the national average of 40.7 percent. One in five (20 percent) of District grandparents who were responsible for their grandchildren lived below the federal poverty level, slightly higher than the national rate of 18.8 percent.



# Children and Youth Live in Healthy, Stable and Supportive Families

**Single Mothers:** The share of births to single mothers increased in 2007 for the third consecutive year. More than half of all births in the District were to single mothers.

**Percent of Births to Single Mothers in DC 1988-2007**



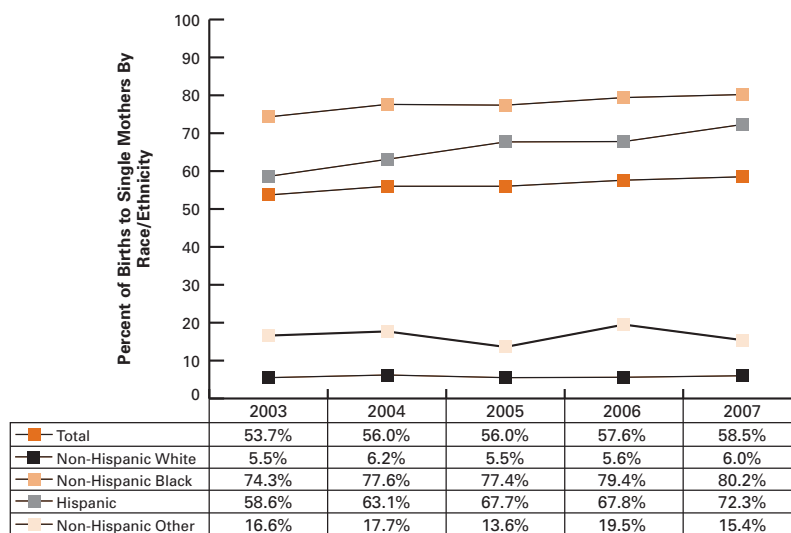
Source: D.C. Department of Health, State Center for Health Statistics Administration

The share of births to single mothers decreased in the District between 1995 and 2003. However, according to vital statistics data from the D.C. State Center for Health Statistics Administration, the share of births to single mothers was 59 percent in 2007, an increase from 58 percent in 2006 and 56 percent in 2004 and 2005.

**Single Mothers:** Four-fifths of all non-Hispanic black mothers were single in 2007, and the share of Hispanic single mothers increased between 2006 and 2007.

Looking at the share of births to single mothers by individual race and ethnicity, 80.2 percent of all births to black mothers in 2007 were single, representing 3,920 live births. More than two-thirds (72.3 percent) of all Hispanic mothers were single in 2007, representing 1,075 live births. Only 6 percent of all non-Hispanic white new mothers were unmarried in 2006, representing 132 live births. The share of Hispanic single mothers births increased by 4.5 percentage points between 2006 and 2007, while the shares of non-Hispanic black and non-Hispanic white single mothers remained relatively steady between 2006 and 2007.

**Percent of Births to Single Mothers by Race/Ethnicity in DC 2003-2007**

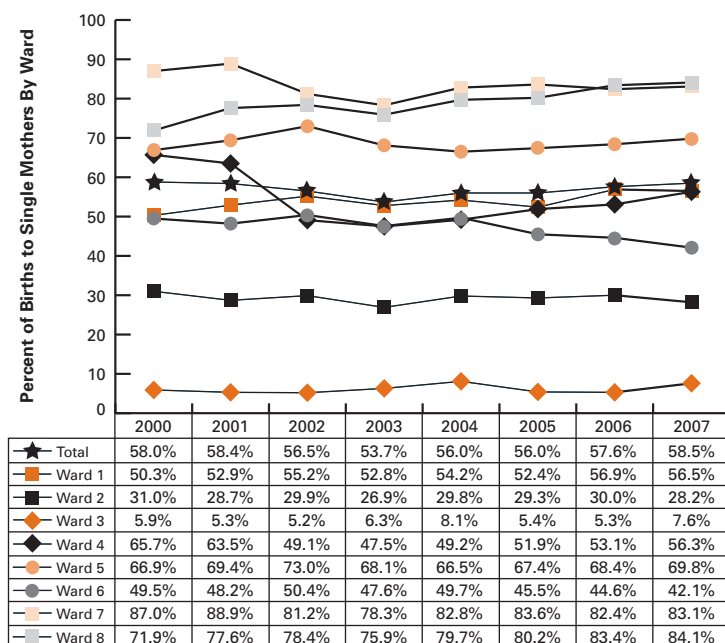


Note: There were fewer than 23 births to single mothers with unknown race in any year. The earliest data available for race/ethnic categories is 2003.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

# Children and Youth Live in Healthy, Stable and Supportive Families

**Single Mothers:** Over 80 percent of mothers who gave birth in 2007 were single in Wards 7 and 8.

**Percent of Births to Single Mothers in DC by Ward  
2000-2007**



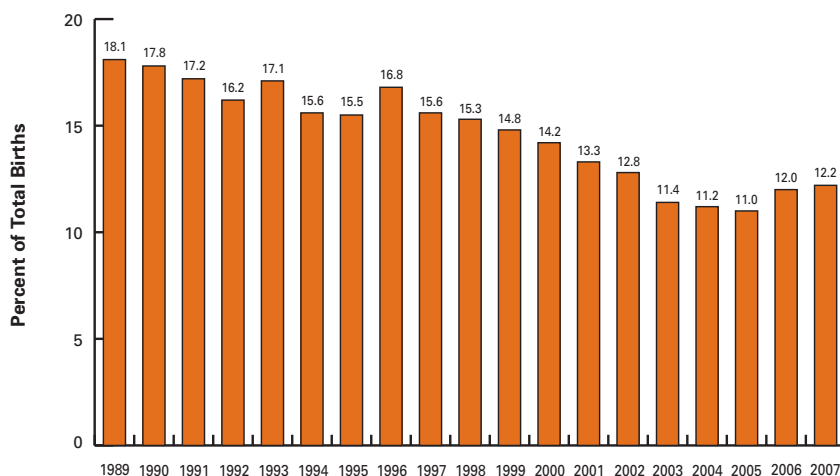
Note: There were fewer than 8 births to single mothers with unknown ward in any year.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

Ward 8 had the highest share of single mother births in 2007, with 1,299 live births to single mothers, or 84.1 percent of all live births in the ward. Ward 7, which had the highest share of single mother births from 2000-2005, had the next highest share of new single mothers in 2007. Of the 1,207 live births in Ward 7 in 2007, 83.1 percent were to single mothers. Ward 3 has consistently had the lowest share of births to single mothers since 2000, never rising above 10 percent.

## Teenage Births: Teenage births remained high in 2007.

Births to teenage mothers rose again in 2007 after falling continuously from 1997 to 2005. In 2007, mothers under the age of 20 accounted for 12.2 percent of births in the District, a slight increase from 12.0 percent in 2006. Despite this increase, teenage births in the District remain well below the levels observed in the 1990s, when they accounted for at least 14.8 percent of all births each year. The average age of all District mothers remained high, at 28 years old for all women giving birth, for the seventh consecutive year.

**Percent of Births to Mothers Under Age 20 in DC  
1989-2007**

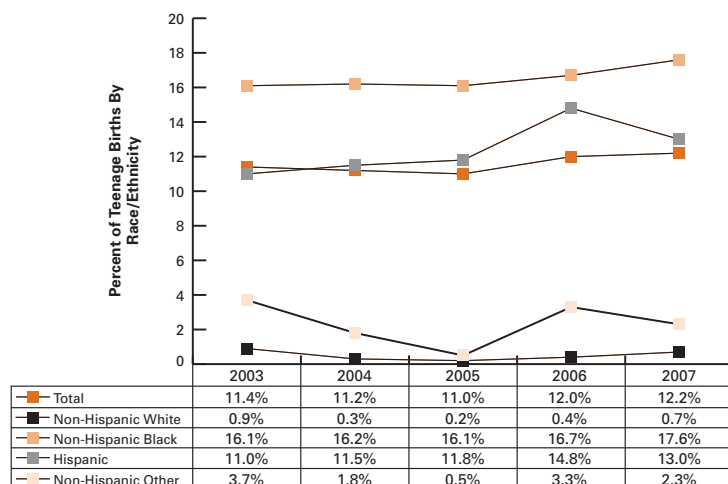


Source: D.C. Department of Health, State Center for Health Statistics

# Children and Youth Live in Healthy, Stable and Supportive Families

**Teenage Births:** The share of teenage births for non-Hispanic black women grew for the second consecutive year in 2007.

**Percent of Births to Mothers Under Age 20 in DC by Race 2003-2007**



Note: There were 3 or fewer births to teenage mothers with unknown race in any year. The earliest data available for race/ethnic categories is 2003.

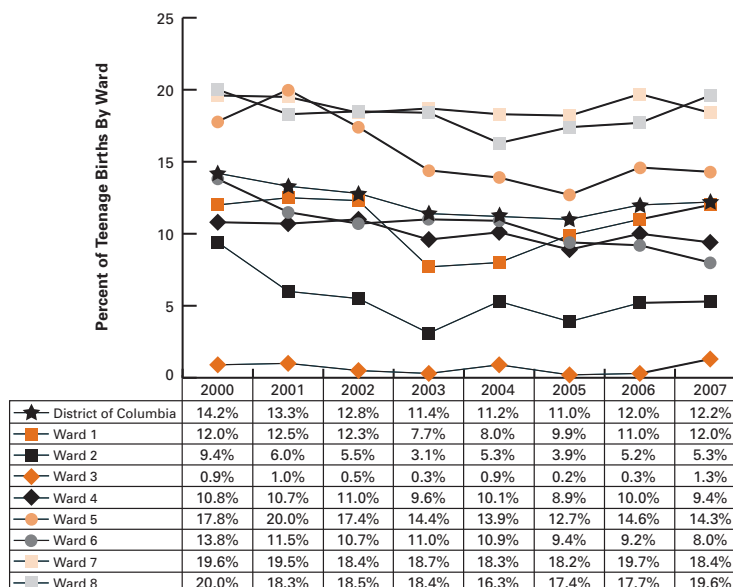
Source: D.C. Department of Health, State Center for Health Statistics Administration

Teenage mothers accounted for 17.6 percent of all non-Hispanic black mothers (858 mothers) who gave birth in 2007, the second consecutive yearly increase. Teenage mothers accounted for 13 percent of births to Hispanic mothers in 2007 resulting in 193 births. Less than 1 percent of non-Hispanic white mothers were teenagers in 2007.

**Teenage Births:** Almost one fifth of births in Wards 7 and 8 were to teenage mothers in 2007, compared to just over 1 percent of births to teenage mothers in Ward 3.

Births to teenage mothers accounted for 19.6 percent of births in Ward 8, or 302 births, in 2007. Ward 7 experienced a decrease in its share of teenage mothers between 2006 and 2007, from 19.7 percent to 18.4 percent of births in Ward 7, or 221 births. Only 1.3 percent of births in Ward 3 were to teenage mothers, or 10 births in 2007.

**Percent of Births to Mothers Under Age 20 in DC by Ward 2000-2007**



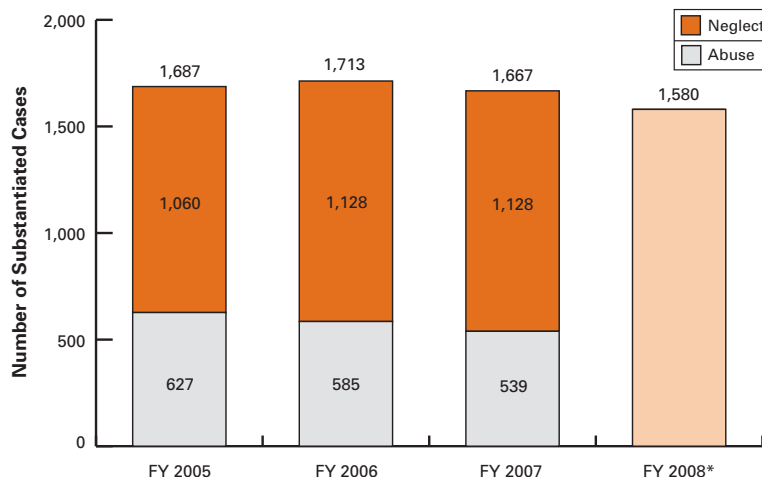
Note: There were fewer than 2 births to teenage mothers with unknown ward in any year.

Source: D.C. Department of Health, State Center for Health Statistics Administration

# Children and Youth Live in Healthy, Stable and Supportive Families

**Substantiated Abuse Cases:** There was a decrease in substantiated cases of abuse and neglect for the second year in a row.

**Number of Substantiated Cases of Abuse and Neglect  
FY 2005 - FY 2008**



Source: D.C. Child and Family Services Agency

Note: Abuse includes both sexual and physical abuse.

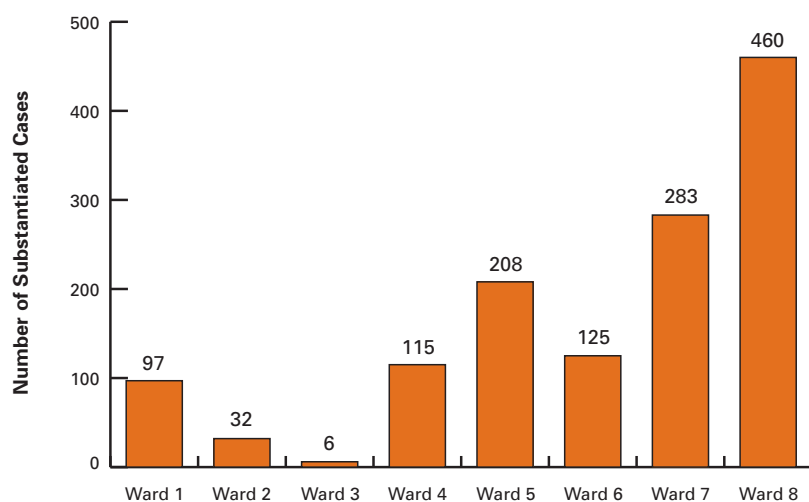
\*FY 2008: Breakdowns of substantiated cases of abuse and neglect are currently unavailable.

In fiscal year 2008, the DC Child and Family Services Agency substantiated 1,580 cases of child physical abuse and neglect. This was a 5 percent decrease from fiscal year 2007 where there were 1,667 cases.

**Substantiated Abuse Cases:** Ward 8 had the highest number of substantiated cases of child abuse and neglect in fiscal year 2008.

The DC Child and Family Services Agency provides the number of substantiated cases of child abuse and neglect reported by the ward where the child lived. Ward 8 had the highest number of substantiated abuse and neglect cases (460) in FY2008. Ward 7 had the next highest number of substantiated cases with 283, followed by Ward 5 with 208. Ward 3 had the lowest number of substantiated cases of child abuse and neglect.

**Number of Substantiated Cases of Child Abuse and Neglect by Ward  
FY 2008**



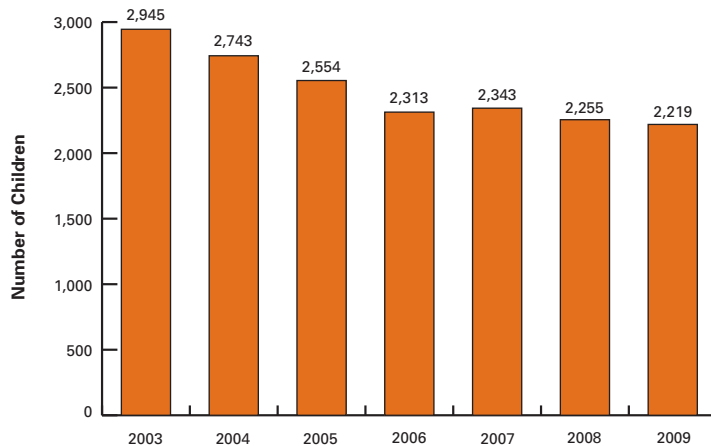
Source: DC Child and Family Services Agency

Notes: Abuse includes both sexual and physical abuse. The ward reflects the ward where the child lived. 254 cases were missing the child's home ward.

# Children and Youth Live in Healthy, Stable and Supportive Families

**Foster Care:** The number of children and youth in foster care decreased between 2008 and 2009.

**Number of Children and Youth in the Foster Care System in DC FY2003-FY2009**



Source: DC Child and Family Services

Note: Ages of children and youth in the foster care system are from 0-22 years old.

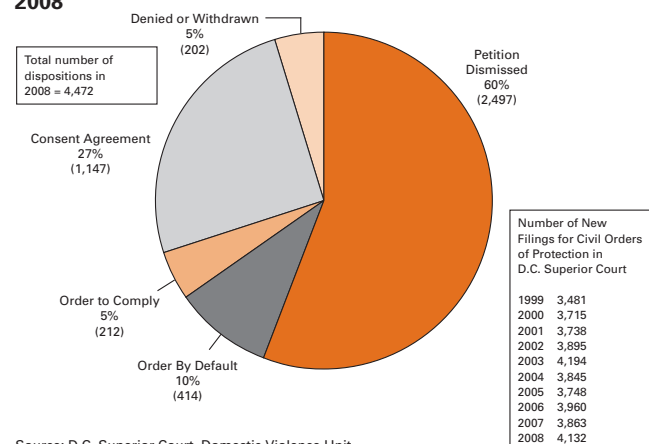
According to the D.C. Children and Family Services Agency (CFSA), 2,219 children and youth under the age of 22 were in the District's foster care system at the end of fiscal year 2009, a decrease of 36 children and youth, or 1.6 percent, since the end of fiscal year 2008. With the exception of 2007, the District's foster care population has decreased every year since the end of fiscal year 2003, when 2,945 children and youth were in out-of-home placements.

**Domestic Violence:** The number of court filings for orders of protection against domestic violence increased between 2007 and 2008, and the number of adjudicated protection cases increased as well.

In 2008, 4,132 new requests for civil orders of protection against domestic violence were filed with the D.C. Superior Court, an increase of 609 filings, or 16 percent, from 2007. A majority of filings were for a temporary order of protection (83 percent) and virtually all of those (92 percent, or 3,162 filings) were granted by the court.

In 2008, 4,472 cases for protection against domestic violence were adjudicated by a judge, an increase of 290 cases (7 percent) from 2007. (Adjudicated cases include those filed in the current year as well as cases filed in prior years; they are referred to as the total number of dispositions.) The proportion of dismissals in 2008 was 60 percent, an increase of 6 percentage points from 54 percent of all adjudicated cases in 2007. Orders to comply remained the same between 2007 and 2008 at 5 percent of all adjudicated cases. Orders of consent agreement decreased by 1 percentage point between 2007 and 2008, at 27 percent of all adjudicated cases. The share of adjudicated cases that were denied or withdrawn was 5 percent in 2008, the same as 2007. Finally, orders by default consisted of 10 percent of all adjudicated cases in 2008, an increase of 2 percentage points from 2007.

**Disposition of Civil Orders of Protection Against Domestic Violence, D.C. Superior Court 2008**

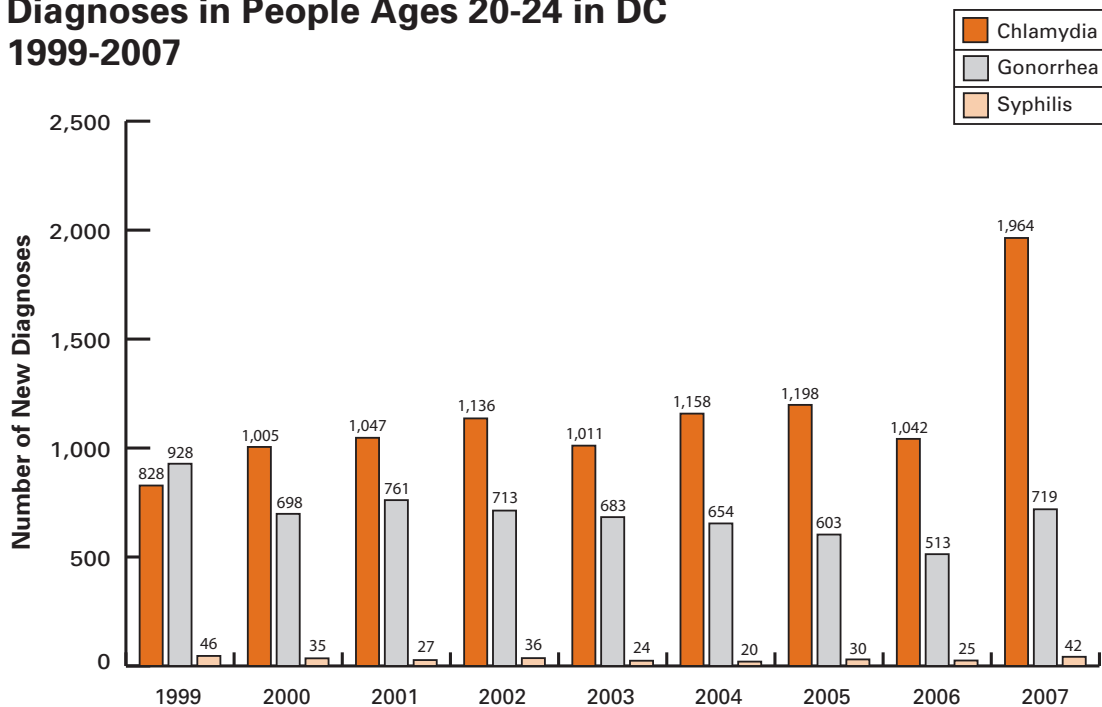


Source: D.C. Superior Court, Domestic Violence Unit

# All Youth Make a Successful Transition to Adulthood

**Sexually Transmitted Diseases:** Chlamydia cases significantly increased in 2007, reversing the downward trend from 2006. The number of gonorrhea diagnoses also increased in 2007.

**Cases of Chlamydia, Gonorrhea, and Syphilis Diagnoses in People Ages 20-24 in DC 1999-2007**



Source: D.C. Bureau of STD Control, Surveillance Unit

Note: Information in this figure is identical to what was reported in the 2008 Fact Book, since updated (2008) data were not yet available.

(Note that the information reported here is identical to what was reported in the 2008 Fact Book, since updated (2008) data were not yet available from the Surveillance Unit of the D.C. Bureau of STD Control.) A total of 2,725 cases of chlamydia, gonorrhea, and syphilis were reported among young adults age 20 to 24 in the District in 2007. Between 1999 and 2006, there was no clear trend for the total number of diagnosed cases of all three diseases. For instance, between 2003 and 2004, the total number of diagnosed cases increased by 7 percent, and then between 2005 and 2006, the total number decreased by 14 percent. However, the total number of

diagnosed cases increased substantially between 2006 to 2007, by 72 percent.

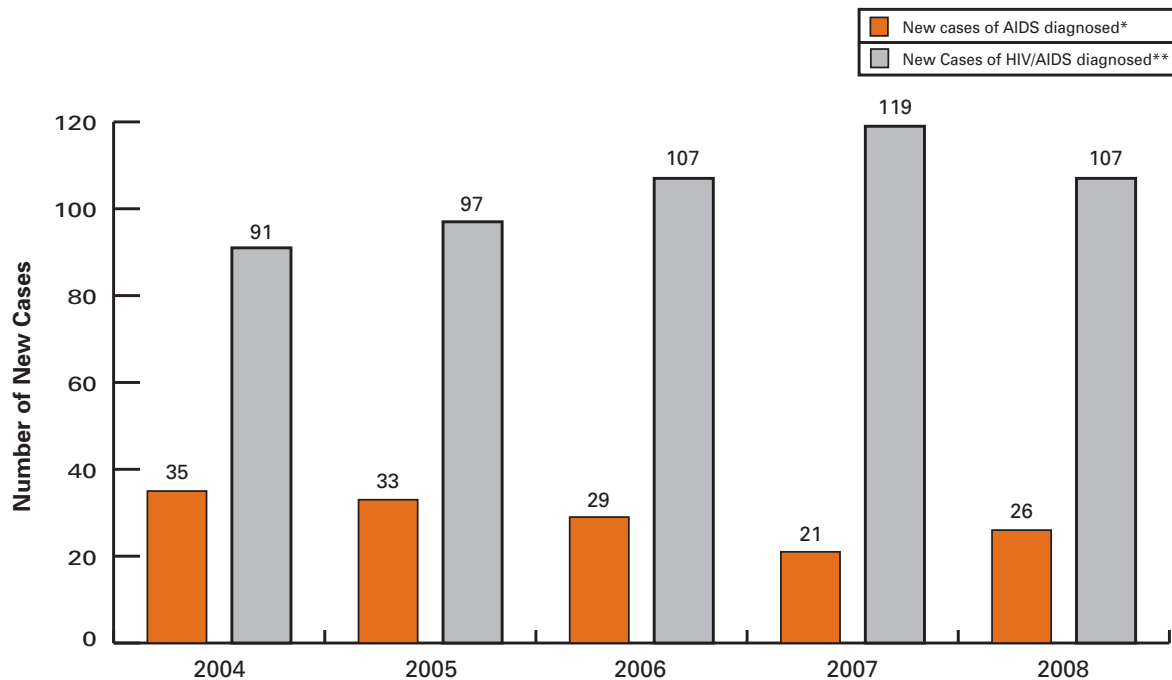
The increase in the total number of diagnosed cases in 2007 was largely the result of the large increase in chlamydia diagnoses. Between 2006 and 2007, diagnoses of chlamydia rose 88.5 percent. The number of gonorrhea cases increased 40 percent between 2006 and 2007 as well. While the scale is significantly smaller (only 42 cases in 2007), the number of syphilis cases for young adults increased 68 percent between 2006 and 2007.



# All Youth Make a Successful Transition to Adulthood

**HIV and AIDS:** The number of new HIV/AIDS cases for young adults decreased in 2008. The number of new AIDS cases for young adults age 20 to 24 increased in 2008 reversing the downward trend from 2004 to 2007.

## AIDS and HIV Cases Diagnosed Among People Ages 20-24 in DC 2004-2008



Source: Government of the District of Columbia, Department of Health, HIV/AIDS Administrations, Strategic Information Bureau

\* The number of new cases of AIDS diagnosed represents any new case of AIDS diagnosed, regardless of whether or not the individual's HIV diagnosis was reported.

\*\* The number of new cases of HIV/AIDS diagnosed represents (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS, during this time period.

The number of new cases of HIV/AIDS decreased in the District in 2008, after increasing from 2004 to 2007. In 2008, the District had 107 new cases, a 10 percent decrease from 2007.

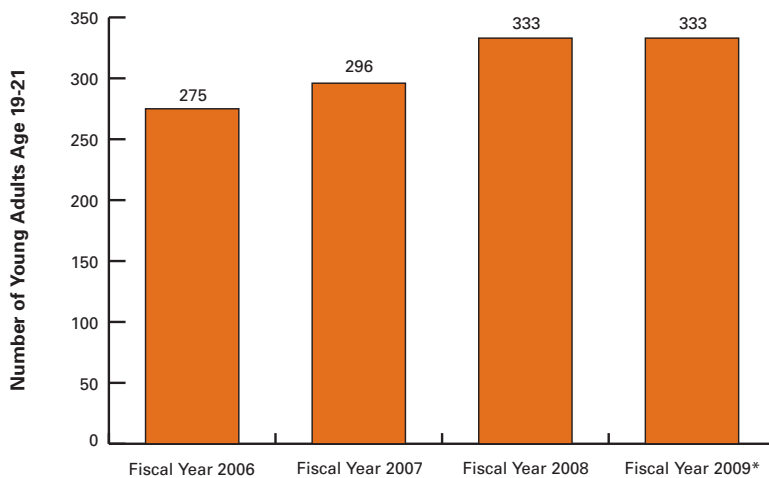
Nonetheless, according to the HIV/AIDS Administration Strategic Information Bureau, the

number of new cases of AIDS diagnosed among young adults age 20 to 24 increased in 2008 to 26 from 21 in 2007. This follows a 28 percent decrease from 2006 to 2007 and reverses a downward trend from 2004 to 2007.

# All Youth Make a Successful Transition to Adulthood

**Foster Care:** The number of young adults in the foster care system stayed the same from 2008 to 2009.

**Number of Older Youth in the CFSA Foster Care System in DC  
FY2006-FY2009**



Source: DC Child and Family Services Agency (CFSA)

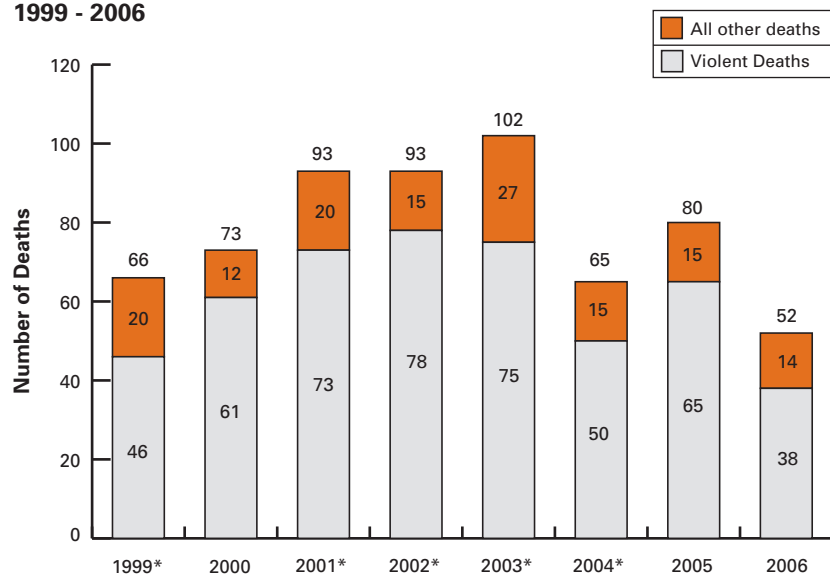
\* This count represents the number children in foster care age 19-21 as of September 30, 2009

The D.C. Child and Family Services Agency (CFSA) is unique in that it allows young adults up to age 21 to remain in the foster care system. At the end of fiscal year 2009, 333 young adults age 19 to 21 were cared for in the CFSA foster care system, representing 15 percent of the foster care population. The fiscal year 2009 number did not change from fiscal year 2008.

**Violent Deaths:** The number of deaths to young adults age 20 to 24 decreased in 2006. Homicide remained the leading cause of death for young adults in the District.

In 2006, there were 52 deaths to young adults age 20 to 24 in the District, a 35 percent decrease from 80 deaths in 2005, according to vital statistics data from the D.C. State Center for Health Statistics Administration. Most of the deaths to young adults in the District were males, and most were violent (i.e., homicides, accidents, or suicides). In 2006, 41 male deaths accounted for 79 percent of the deaths to young adults, and 34 violent deaths accounted for 89 percent of such deaths. Of the violent deaths in 2006, 30 were homicides, which represented 58 percent of all deaths to young adults.

**Deaths to 20- to 24-Year Olds in DC  
1999 - 2006**



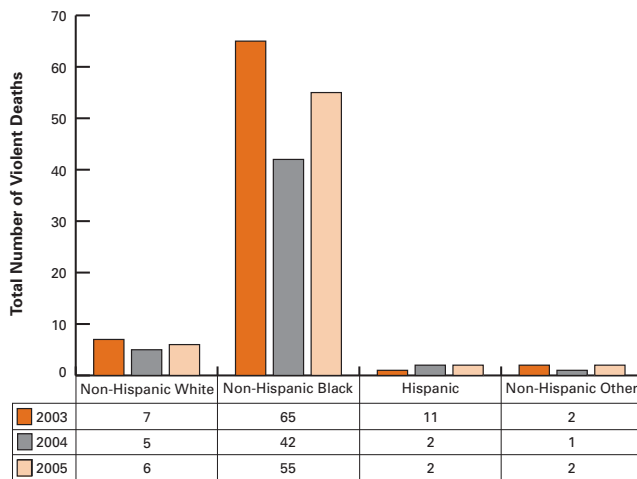
Source: D.C. Department of Health, State Center for Health Statistics Administration

\* Data revised from 2008 Kids Count Fact book

# All Youth Make a Successful Transition to Adulthood

**Violent Deaths:** The number of violent deaths to non-Hispanic black young adults increased between 2004 and 2005 and continued to be nearly 10 times greater than any other racial/ethnic group.

**Violent Deaths to 20- to 24-Year Olds in DC by Race/Ethnicity 2003-2005**



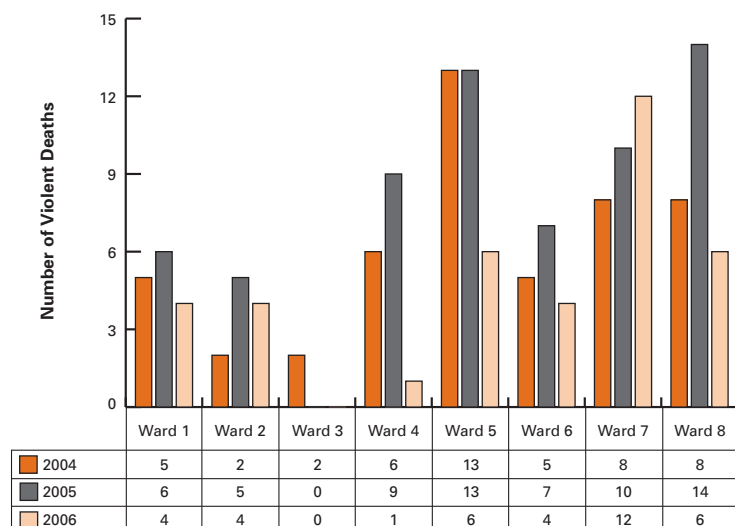
Note: 2006 data are not currently available by race/ethnicity.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

In 2005, there were 55 deaths to non-Hispanic blacks age 20 to 24 in the District, a 30 percent increase from 42 deaths in 2004, according to vital statistics data from the D.C. State Center for Health Statistics Administration. However, there was a decrease in the portion of violent deaths to non-Hispanic blacks that were homicides from 90 percent of violent deaths in 2004 to 80 percent of violent deaths in 2005. Violent deaths to non-Hispanics whites increased by 20 percent, or 1 more violent death in 2005 from 2004. Homicides represent half of violent deaths to both non-Hispanic whites and Hispanics in 2005. Violent deaths to non-Hispanic whites and Hispanics age 20 to 24 have held steady in recent years.

**Violent Deaths:** The number of violent deaths to young adults age 20 to 24 declined in every ward between 2005 and 2006, except for Ward 7.

Each of the wards experienced a decrease in the number of violent deaths to young adults, except for Ward 7, which had an increase of two deaths or a 20 percent increase between 2005 and 2006. (Violent deaths include homicides, accidents, or suicides.) Of the 13 deaths to young adults in Ward 7, 12 were homicides. Wards 5 and 8 had the next highest number of deaths to young adults, each with six violent deaths (five of which were homicides). Wards 4 and 5 experienced significant decreases in the number of young adult youth deaths between 2005 and 2006, an 89 percent decrease for Ward 4 and a 53 percent decrease for Ward 5. Ward 3 has consistently had the lowest number of violent deaths to young adults, with zero in both 2005 and 2006.

**Violent Deaths to 20- to 24-Year Olds in DC by Ward 2004-2006**

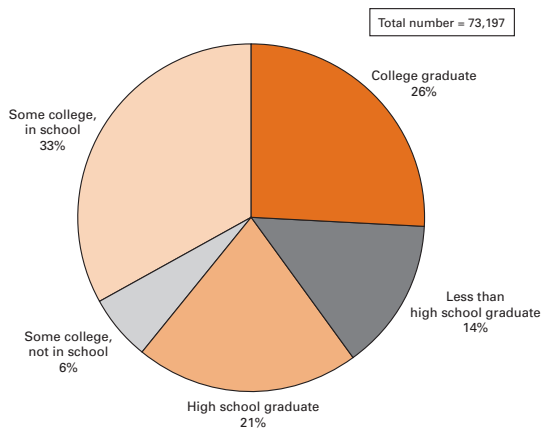


Note: The ward indicates where the victim lived, not where the violent death occurred. There were 2 or fewer deaths with unknown ward in any year.  
Source: D.C. Department of Health, State Center for Health Statistics Administration

# All Youth Make a Successful Transition to Adulthood

**Educational Attainment:** Almost three-fifths of the young adults living in the District were either enrolled in college or graduated from college in 2005 through 2007.

**Educational Attainment for 18- to 24-Year Olds in the District 2005-2007**



Source: 2005-2007 American Community Survey (ACS) micro level data provided by the Integrated Public Use Microdata Series (IPUMS)

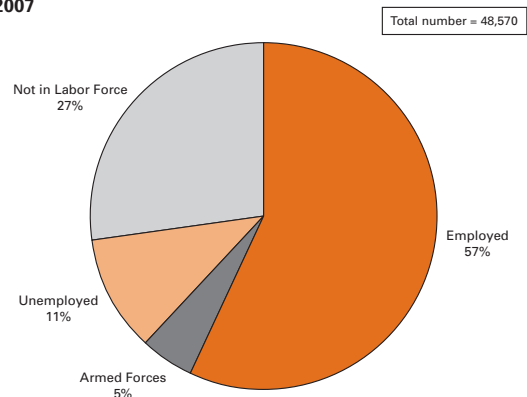
In this new global economy, young adults are expected to graduate from high school and continue on for higher education to ensure a promising career. The American Community Survey (ACS) estimates the educational attainment of young adults age 18 to 24 for 2005 through 2007. These estimates include young adults who move to the District to attend college in Washington, D.C. or the surrounding area but they may not necessarily be from the District. More than one-quarter (26 percent) of young adults in the District had graduated from college between 2005 and 2007 (three ACS estimates averaged together), 33 percent were enrolled in college, 21 percent were high school graduates but were not enrolled in college, 14 percent had not yet graduated from high school, and 6 percent had some years of college experience but were not still enrolled.

Of the 14 percent (or approximately 15,055) of young adults who have not yet graduated from high school, 37 percent were enrolled in high school (or some equivalent) as of 2005–07, and 63 percent were not enrolled and can be considered high school dropouts. We know from other research that many of these young adults who have not yet graduated but were still attending high school are likely to also drop out of school and not graduate as well because of their age.

**Employment Status:** More than half of the young adults living in the District were employed between 2005 and 2007.

If young adults do not continue on for more education then they are expected to join the work force. Of those young adults who were not currently enrolled in college between 2005 and 2007 (estimated to be approximately 48,500), 57 percent were employed, 27 percent were not in the labor force, 11 percent were unemployed, and 5 percent were in the armed services according to the 2005 through 2007 American Community Survey. (The young adults included in this analysis could have already graduated from college, had some college experience but not currently enrolled, were high school graduates, or had not yet graduated from high school.)

**Share of Young Adults Not Enrolled in College by Employment Status In the District 2005-2007**



Note: The number of young adults (18-24 years old) include those already graduated from college, with some college experience but not enrolled, high school graduates, and those who have not yet graduated from high school.

Source: 2005-2007 American Community Survey (ACS) micro level data provided by the Integrated Public Use Microdata Series (IPUMS)

## IV.

# SELECTED INDICATORS BY WARD AND RACE/ETHNICITY

In this section, we compare the District's eight wards with the city as a whole and with each other on various measures of child wellbeing. We also compare these selected indicators by race and ethnicity. The indicators shown here are among the few for which we could obtain usable data at the ward level for those where racial data were collected.

There are two tables plus a map. The map on this page shows the locations of each of the eight wards as of 2002. The tables present statistics on certain indicators—both numbers of children affected and rates, usually in terms of percentages—for the city as a whole and for each ward or each racial/ethnic group.

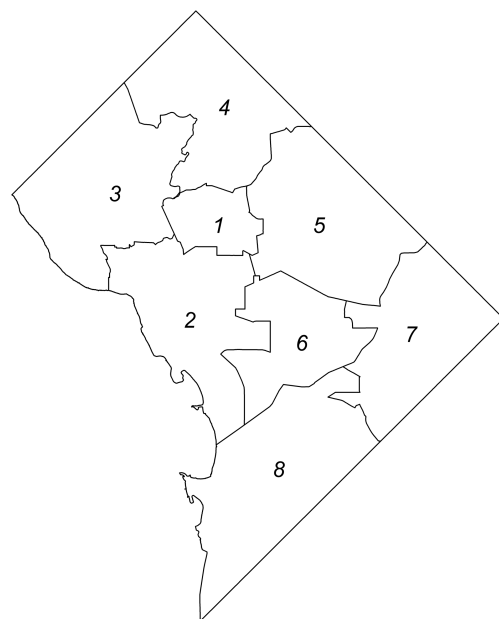
### Comparing the Wards

The table on page 52 compares the city total to the eight wards. The first three rows are general demographic indicators (estimated population, children under 18, and live births). The rest are indicators of children's health and wellbeing and those receiving public assistance.

To compare the health indicator data, please note the following pattern for many of the indicators (using total number of births to single mothers as an example):

- ◆ First we list the total number of births to single mothers: 5,190 in the entire city, 703 in Ward 1.
- ◆ Second, the percentage of all live births in the city or ward that were to single mothers: 59 percent of all

### LOCATIONS OF WARDS IN THE DISTRICT OF COLUMBIA



births in the city were to single mothers, as were 57 percent of those in Ward 1.

- ◆ Third, the percent of all single births in the city or ward that occurred in that location: 100 percent occurred in the city as a whole, and 14 percent of them occurred in Ward 1.

### Indicators by Race and Hispanic Ethnicity

The table on page 53 shows how each race/ethnicity groups ranks among the others. The indicators are formed in the same way as the ward table. In many areas, the racial/ethnic gap is stark compared to the ward divisions, while in others it is more modest.

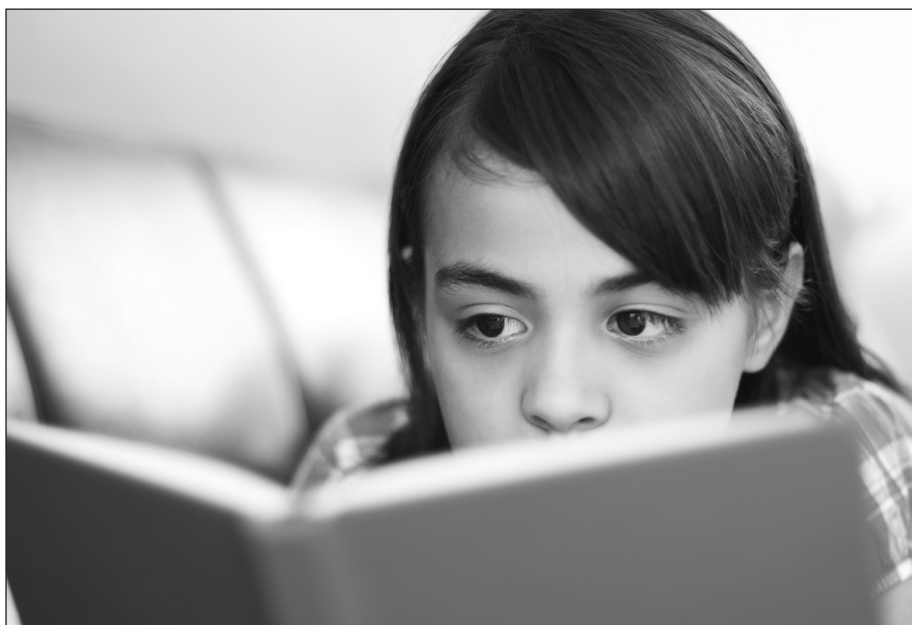


TABLE IV - 1

## Comparing District Wards on Indicators of Child Health, Mortality and Child Welfare Reciprocity Washington, D.C.

	District of Columbia	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total Population, 2000	572,059	72,978	69,351	73,804	74,939	71,504	68,038	70,545	70,900
% of Total Population	100%	13%	12%	13%	13%	12%	12%	12%	12%
Children Under 18, 2000	114,332	13,029	5,445	8,725	15,332	15,272	11,739	19,425	25,364
% of Population that is under 18	20%	18%	8%	12%	20%	21%	17%	28%	36%
% of City's Child Population	100%	11%	5%	8%	13%	13%	10%	17%	22%
Babies Born Alive, 2007	8,870	1,244	636	799	1,458	1,039	942	1,207	1,545
% of Live Births in City	100%	14%	7%	9%	16%	12%	11%	14%	17%
<b>Health and Mortality Indicators</b>									
Births to Single Mothers, 2007	5,190	703	180	61	822	726	396	1,004	1,299
% of Live Births	59%	57%	28%	8%	56%	70%	42%	83%	84%
% of Births to Single Mothers in City	100%	14%	3%	1%	16%	14%	8%	19%	25%
Births to Teen Mothers (Under 20), 2007	1,075	148	34	10	137	148	75	221	302
% of Live Births	12%	12%	5%	1%	9%	14%	8%	18%	20%
% of Teen Births in City	100%	14%	3%	1%	13%	14%	7%	21%	28%
Births to Child Mothers (Under 18), 2007	417	55	12	5	54	50	27	91	123
% of Live Births	5%	4%	2%	1%	4%	5%	3%	8%	8%
% of Child Births in City	100%	13%	3%	1%	13%	12%	7%	22%	30%
Percent of Births with Adequate Care, 2007	4,782	689	451	680	776	452	595	498	640
% of Live Births	63%	64%	76%	87%	61%	55%	70%	52%	51%
% of Child Births in City	100%	14%	9%	14%	16%	9%	12%	10%	13%
Low Birthweight Babies (Under 5.5 Pounds), 2007	979	114	44	57	141	133	107	165	218
% of Live Births	11%	9%	7%	7%	10%	13%	11%	14%	14%
% of Low Birthweight Births in City	100%	12%	5%	6%	14%	14%	11%	17%	22%
Infant Deaths (Under 1 Year), 2006	97	6	7	3	10	16	8	17	30
Rate (per 1,000 Live Births)	11.4	5.0	11.4	4.3	7.0	16.7	8.6	14.8	20.0
% of Infant Deaths in the City	100%	6%	7%	3%	10%	17%	8%	17%	31%
Deaths to Children and Youth (1-19), 2006	62	2	1	0	7	13	9	13	17
% of Child and Youth Deaths in the City	100%	3%	2%	0%	11%	21%	15%	21%	28%
Deaths to Teens (15-19), 2006	33	0	1	0	4	6	5	7	10
% of Teen Deaths in the City	100%	0%	3%	0%	12%	18%	15%	21%	30%
Teen Murders, 2006	22	0	1	0	1	3	4	5	8
% of Teen Murders in the City	100%	0%	4%	0%	5%	14%	18%	23%	36%
<b>Welfare Indicators (June 2009)</b>									
Total Number of Children Eligible for TANF	29,166	1,895	1,922	26	2,506	3,843	3,888	6,606	8,480
% of Children Recieveing TANF	100%	6%	7%	0%	9%	13%	13%	23%	29%
Total Number of Children Receiving SNAP (food stamps)	39,315	2,940	2,668	55	3,978	5,191	4,966	8,820	10,697
% of Children Receiving SNAP (food stamps)	100%	7%	7%	0%	10%	13%	13%	22%	27%
Children Who Applied and Were Eligible for Medicaid/SCHIP	74,870	7,898	10,538	450	10,175	9,076	7,521	13,307	15,905
% of Children Recieveing Medicaid/SCHIP	100%	11%	14%	1%	14%	12%	10%	18%	21%

Sources: U.S. Census Bureau, 2000; District of Columbia State Center for Health Statistics; NeighborhoodInfo DC, Urban Institute

Note: Due to lack of geographical data, columns may not add to the total



TABLE IV - 2

## Comparing Racial and Ethnic Groups on Indicators of Child Health, Mortality and Child Welfare Reciprocity Washington, D.C.

	Total	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic* Other	Unknown
Total Population, 2008	573,694	172,910	326,828	47,731	26,225	-
% of Total Population	100%	30%	57%	8%	5%	-
Children Under 18, 2008	112,016	22,355	71,158	12,499	6,004	-
% of Population that is under 18	20%	13%	22%	26%	23%	-
% of City's Child Population	100%	20%	64%	11%	5%	-
Babies Born Alive, 2007	8,870	2,203	4,890	1,487	261	29
% of Live Births in City	100%	25%	55%	17%	3%	0%
<b>Health and Mortality Indicators**</b>						
Births to Single Mothers, 2007	5,190	132	3,920	1,075	40	23
% of Live Births to Race/Ethnicity Group	59%	6%	80%	72%	15%	79%
% of Births to Single Mothers in City	100%	3%	76%	21%	1%	0%
Births to Teen Mothers (Under 20), 2007	1,075	15	858	193	6	3
% of Live Births to Race/Ethnicity Group	12%	1%	18%	13%	2%	12%
% of Teen Births in City	100%	1%	80%	18%	1%	0%
Births to Child Mothers (Under 18), 2007	417	6	335	74	1	1
% of Live Births to Race/Ethnicity Group	5%	0%	7%	5%	0%	4%
% of Child Births in City	100%	1%	80%	18%	0%	0%
Births with Adequate Care, 2007	4,782	1,885	1,979	737	180	1
% of Live Births to Race/Ethnicity Group	63%	87%	51%	56%	72%	17%
% of Child Births in City	100%	39%	41%	15%	4%	0%
Low Birthweight Babies (Under 5.5 Pounds), 2007	979	131	709	108	27	4
% of Live Births to Race/Ethnicity Group	11.0%	5.9%	14.5%	7.3%	10.3%	15.4%
% of Low Birthweight Births in City	1341.1%	179.5%	971.2%	147.9%	37.0%	5.5%
Infant Deaths (Under 1 Year), 2005	110	17	80	2	0	11
Rate (per 1,000 Live Births)	13.9	8.4	17.6	1.8	0.0	-
% of Infant Deaths in the City	100%	15%	73%	2%	0%	10%
Deaths to Children and Youth (1-19), 2005	73	6	63	3	1	0
% of Child and Youth Deaths in the City	100%	8%	86%	4%	1%	0%
Deaths to Teens (15-19), 2005	49	3	43	3	0	0
% of Teen Deaths in the City	100%	6%	88%	6%	0%	0%
Teen Deaths from Homicide, 2005	25	1	24	0	0	0
% of Teen Deaths from Homicide in the City	100%	4%	96%	0%	0%	0%
<b>Welfare Indicators (June 2009)***</b>						
Total Number of Children Eligible for TANF	29,166	62	27,053	961	45	80
% of Children Receiving TANF	100%	0%	93%	3%	0%	0%
Total Number of Children Receiving SNAP (food stamps)	35,807	88	33,338	2,102	101	178
% of Children Receiving SNAP (food stamps)	100%	0%	95%	4%	0%	0%

Sources: U.S. Census Bureau Population Estimates, 2006; District of Columbia State Center for Health Statistics; NeighborhoodInfo DC, Urban Institute

\*The non-Hispanic other category includes multiple races.

\*\*Updated D.C. mortality data by race not available as of November 2009.

\*\*\*The racial categories for the welfare indicators are white, black, Hispanic, other, and unknown. Racial breakdowns were calculated by applying proportions obtained from January and July 2009 TANF and Food Stamp client data to June 2009 totals; racial breakdowns were not available for Medicaid recipients.

## A FEW WORDS ABOUT THE DATA

### Data Definitions and Sources

(in alphabetical order)

We attempted to define our indicators clearly and adequately in the Fact Book and to indicate data sources in the text and in all figures and tables. However, some data sources may need more description, and certain limitations to the data may need to be discussed. Therefore, in this section we provide additional information on definitions, sources, and data limitations for a number of the indicators presented. The D.C. KIDS COUNT Fact Book strives to report the most recent data available. For some indicators, like those on the District's economy and the TANF, Food Stamp, and Medicaid programs, the data published are from 2008. Some health data, such as common sexually transmitted diseases and vaccinations, are from 2007.

Vital statistics data (which include all indicators pertaining to births and deaths) are collected by the D.C. Department of Health, State Center for Health Statistics Administration. All indicators pertaining to births are current as of 2006. All indicators pertaining to deaths are only current as of 2005 because the most current 2006 data were not released in time for this report. Vital statistics are reported with a longer delay than other sources because birth and death records must be collected on all District residents, regardless of where they were at the time of the birth or death. These data must be gathered through an interstate network and are not available until the second year following their collection.

Wherever possible, we provide race-level and ward-level statistics for data reported. Data not presented in this manner are generally not available.

### AIDS/HIV

**How Defined:** The number of new cases of AIDS, acquired immunodeficiency syndrome, refers to any new case of AIDS diagnosed during this time period, regardless of HIV diagnosis date. The number of new cases of HIV/AIDS diagnosed represents (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS, during this time period.

**Source:** Government of the District of Columbia, Department of Health, HIV/AIDS Administration, Strategic Information Bureau. Data are current as of 2008.

**Note:** Data have been revised from the 2008 Kids Count Fact Book.

### Births to All D.C. Mothers

**How Defined:** Birth records are part of the vital statistics system and are collected for all District residents, even if the mother gives birth in another jurisdiction.

**By ward and race:** The race and ward of the mother is reported to the D.C. Department of Health, State Center for Health Statistics Administration. There were fewer than 30 births with unknown race in any year. The earliest data for race/ethnic categories is from 2003. There were fewer than 35 births with unknown ward in any year.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2007.

### Births to Single Mothers

**How Defined:** The annual number and percentage of births to mothers who did

not report themselves as married when registering for the birth.

**By ward and race:** The race and ward of the mother is reported to the D.C. Department of Health, State Center for Health Statistics Administration. There were 23 or fewer births to single mothers with unknown race in any year. The earliest data for race/ethnic categories is from 2003. There were eight or fewer births to single mothers with unknown ward in any year.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2007.

### Births to Teenage Mothers

**How Defined:** The annual number and percentage of births to mothers under 20 years old. Note that mothers who are 18 or 19 years old, included in this indicator, are legally adults.

**By ward and race:** The race and ward of the mother is reported to the D.C. Department of Health, State Center for Health Statistics Administration. There were three or fewer births to teenage mothers with unknown race in any year. The earliest data for race/ethnic categories is from 2003. There were two or fewer births to teenage mothers with unknown ward in any year.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2007.

### Births with Adequate Prenatal Care

**How Defined:** The annual number and percentage of infants born to mothers who received adequate, intermediate, or inadequate care, as defined by the Kessner criteria.

**By ward and race:** The race and ward of the mother is reported to the D.C. Department of Health, State Center for Health Statistics Administration. There were fewer than eight mothers receiving adequate prenatal care with an unknown race in any year. The earliest data for race/ethnic categories is from 2003. There were fewer than 24 mothers receiving adequate prenatal care with unknown ward in any year.

**Source:** Department of Health, State Center for Health Statistics Administration. Kessner criteria for individual births were calculated by the Urban Institute. Data are current as of 2007.

**Limitations:** Reporting of prenatal care is voluntary, usually at the mother's discretion, and while many hospitals link doctor's office visit records with self reported data, the level of reporting varies widely from year to year. In 2007, prenatal care levels could be determined for 86 percent of all births to mothers living in the District.

## Foster Care

**How Defined:** The number of children and young adults under the supervision of the D.C. Child and Family Services Agency.

**Source:** D.C. Children and Family Services Agency. Data are from the FY2009 (October 1, 2008-September 30, 2009).

**Limitations:** These figures are the total number of children and young adults served by CFSA during the entire fiscal year. This includes persons placed in temporary care, which will often last less than the full year.

## Full-Time Employment

**How Defined:** The percent of children under the age of 18 living in families where no parents has full-time, year-round employment.

**Source:** Population Reference Bureau using American Community Survey data.

**Note:** For children living in single-parent families, the resident parent did not work at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, neither parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. Children living with neither parent were listed as not having secure parental employment because those children are likely to be economically vulnerable. Children under age 18 who are householders, spouses of householders, or unmarried partners of householders were excluded from this analysis.

## Homeless Children and Families

**How Defined:** Data are a yearly point in time snapshot of the literally homeless and those in permanently-supported housing (or the formerly homeless). The literally homeless are those who are on the streets, in emergency shelters temporarily, in transitional supportive housing, and in precarious housing at imminent risk of loss and are looking into shelters. The formerly homeless are people who live in permanent-supportive housing but who, because of extreme poverty or serious mental or physical disabilities, would be at risk of becoming homeless again without this housing. In the past, we have reported the number of literally homeless and the number of formerly homeless (permanently-supported homeless) together as the total homeless population, but starting with this last year's Fact Book, we make the distinction between these two populations. (Data on the number of literally and permanently supported homeless are only available from 2004 onwards.)

**Source:** The Homeless Services Planning and Coordinating Committee of the Metropolitan Washington Council of Governments and the Community Partnership for the Prevention of Homelessness. The snapshot data of the literally and formerly homeless are as current as of January 2009.

**Limitations:** The count of the number of persons who were literally homeless or permanently-supported homeless is an estimate from a single point-in-time on a specific day. The HSPCC attempts to count the entire homeless population in the region during one day in January of each year. January was selected because people are most likely to be in shelters at this time of the year, rather than living on the streets, and are therefore easier to count. However, since people may move in and out of homelessness, the number of persons who may have been homeless at any time during the year is likely to be three to five times higher than this estimate, according to experts.

## Infant Mortality Rate

**How Defined:** The number of deaths to infants under age 1 per 1,000 live births. Note that this is not a percentage.

**By ward and race:** The race and ward of the mother is reported to the D.C. Department of Health, State Center for Health Statistics Administration. There were 11 or fewer deaths with unknown race in any year. Race breakdowns were unavailable for 2006 data as of November 2009.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. City-wide data are current as of 2006.

## Juvenile Cases

**How Defined:** The annual number of new cases formally petitioned against juveniles (under age 18) in the D.C. Superior Court. The court classifies cases filed against juveniles in five categories: acts against persons, acts against property, acts against the public order, drug law violations, and other offenses.

This is the second year that we are unable to report the share of referrals that can be attributed to crimes against persons, property, and public order. Instead, we can only provide these breakdowns for juvenile

delinquent cases formally petitioned in 2007. To be clear, the difference between these two indicators, the number of cases filed against juveniles and referred to the D.C. Superior Court and the number of cases formally petitioned in a court, is that they represent different stages in the juvenile court process for delinquency cases. After the initial offense is committed, juveniles enter into the juvenile court system either through apprehension by a law enforcement official or through referrals (parole officers, teachers, etc.) Many of the referrals do not move forward to the next step, in which the intake department would decide whether or not the case should be handled formally within the juvenile court and if a petition would be made as a result.

**Source:** Annual Report to Congress, Family Court 2009

## Low-Birth Weight Babies

**How Defined:** The annual number of babies weighing under 5.5 pounds (2,500 grams) at birth.

**By ward and race:** The race and ward of the mother is reported to the D.C. Department of Health, State Center for Health Statistics Administration. There were fewer than five low-weight births with unknown race in any year. The earliest data for race/ethnic categories is from 2003. There were fewer than two low-weight births with unknown race ward in any year. Ward refers to infant's residence reported at birth.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2007.

## Overweight and Obese

**How Defined:** The percentage of obese high school students refers to the percentage of students in D.C. public schools with a BMI at or above the 95th percentile. The percentage of overweight and obese students refers to the percentage of students in D.C. public schools with a BMI at or above the 85th percentile.

**Source:** Youth Risk Behavior Surveillance System. Data are current as of 2007.

**Note:** Data have not been revised from 2008 Kids Count Fact Book.

## Poverty Rate and Family Type (CPS)

**How Defined:** The number of children living in families with incomes below the federal poverty level. The Social Security Administration (SSA) developed the original poverty definition in 1964, which federal interagency committees subsequently revised in 1969 and 1980. Poverty status is based on a family's total income with the poverty threshold appropriate for the family size and composition. If the total family income is less than the threshold amount, then every person in the family, including all children, is considered poor. Poverty thresholds are adjusted annually for changes in the cost of living as reflected in the Consumer Price Index (CPI-U). The poverty thresholds are the same for all parts of the country—they are not adjusted for regional, state, or local variations in the cost of living. (For a detailed discussion of the poverty definition, see U.S. Census Bureau, Current Population reports, "Poverty in the United States: 1999," p. 60–210.)

**By race:** Racial breakdowns are provided by the U.S. Census Bureau.

**Source:** The U.S. Census Bureau, Current Population Survey (CPS).

**Limitations:** The U.S. Census Bureau collects national poverty data every 10 years. To obtain poverty rates for years between decennial censuses, we use the U.S. Census Bureau's Current Population Survey (CPS). Results from the CPS are not directly comparable to those from the decennial census, as in the past the CPS has often yielded considerably lower poverty estimates. This is mainly because the CPS is based on a smaller sample and less effort is made to reach respondents than in the decennial census. Poor people are generally harder to contact, and thus are more likely to be missed in the CPS.

However, the CPS expanded its sample in 2002 from 50,000 to 80,000 people to add more households with children. Furthermore, the CPS collects a greater amount and more detailed information on households, income, and employment, information important to the determination of poverty levels. For these reasons, the CPS has been considered the most reliable source of poverty estimates between decennial censuses.

Unlike most other data in this report, the CPS provides estimates based on a sample of the population, which introduces uncertainty from sampling error. To reduce the uncertainty we averaged two years worth of population estimates (which increases the sample size thus reducing potential inaccuracies), as well as performing statistical tests to determine whether differences between poverty rates from different years could be attributed to sampling error and therefore were not meaningful. We also report the confidence interval to indicate the precision of a particular CPS-derived estimate. Confidence intervals are shown as " $\pm$ (number of percentage points)," and they provide a range in which the true value most likely falls. For example, we report that "The 2008 child poverty rate (an average of the 2007 and 2008 poverty rates from the March 2008 and March 2009 Current Population Estimates) was 32.0 percent ( $\pm 2.4$  percentage points)". This means that the March 2008 and March 2009 CPS indicated that the average poverty rate during the calendar years 2007 and 2008 most likely fell between 29.6 and 34.4 percent.

All confidence intervals in this report were calculated at a 90-percent confidence level.

## SAT Scores

**How Defined:** As defined by the College Board, we looked at math, writing, and verbal scores for seniors graduating in 2009.

**Sources:** College Board State Reports for the District and the nation as a whole. Data are current for the 2008-2009 year for graduating seniors.



**Note:** Students are only counted once, regardless of how many times the student took the test. Scores reflect a student's most recent test.

## Sexually Transmitted Diseases

**How Defined:** The number of reported cases of chlamydia, gonorrhea, and syphilis. The number of syphilis cases includes early, late, and congenital cases.

**By ward:** Data for wards with fewer than five cases are not given a specified number of cases, but rather represented as "<5" for confidentiality reasons.

**Source:** D.C. Bureau of Sexually Transmitted Disease Control, Surveillance Unit. Data are current as of 2007.

**Note:** Data have not been revised from 2008 Kids Count Fact Book.

## Subsidized Child Care

**How Defined:** The *D.C. Public Schools (DCPS) After Care for All* program serves children who are of school age up to 12 years old at public school sites. The numbers of children served by DCPS are a snapshot at the highest attendance month for each year. The Office of Early Childhood Education in the Office of the State Superintendent of Education subsidize children from 6 weeks through 12 years old and disabled children up to 18 years old. The numbers of children served by ECE represent the total unduplicated count of children who received subsidized child care at any time during the year.

**Source:** The Office of the State Superintendent of Education's (OSSE) Division of Early Childhood Education (ECE). All 2009 data provided in this publication are preliminary as of November 2009. The 2008 data have been updated since last year's publication.

## Substantiated Child Abuse and Neglect Cases

**How Defined:** The annual number of cases of child abuse and neglect substantiated by the D.C. Child and Family Services Agency.

**By ward:** The D.C. Child and Family Services Agency provides the number of substantiated cases by the ward where the child lived. There were 254 cases where the child's home ward was missing.

**Source:** D.C. Child and Family Services Agency. Data are current as of FY2008.

## TANF (Welfare), SNAP, and Medicaid Cases

**How Defined:** The number of children who were listed on the Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance (SNAP) program (formerly called food stamps), and Medicaid rolls as being eligible to receive benefits in a given time period (month and year).

**By race:** Racial breakdowns for TANF and SNAP were calculated by applying the averaged proportions obtained from January and July 2009 TANF and SNAP

individual client data collected by NeighborhoodInfo DC to June 2009 totals provided by the D.C. Department of Human Services, Income Maintenance Administration.

**By ward:** Ward breakdowns are provided by the D.C. Department of Human Services, Income Maintenance Administration along with city-wide numbers.

**Source:** D.C. Department of Human Services, Income Maintenance Administration. Data are current as of June 2009.

**Limitations:** The data do not indicate the number of children who are eligible to receive benefits out of the entire District population, only among those children whose families have formally applied for benefits in each program.

## Violent Deaths

**How Defined:** The annual number of deaths from violent causes (accident, homicide, or suicide) to older teenagers (15 to 19) and young adults (20 to 24).

**By ward and race:** The race and ward of the victim is reported to the D.C. Department of Health, State Center for Health Statistics Administration. Race/ethnicity breakdowns were unavailable for 2006 data as of November 2009.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2006.

## VI.

# ACKNOWLEDGMENTS

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and Peter Teeley Foundation**